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November 2001

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National CAHPS[®] Benchmarking Database

[Sponsor Name]

NCBD 2001 Sample Sponsor Report

Prepared by Westat and Shaller Consulting

November 2001

The National CAHPS[®] Benchmarking Database (NCBD) is funded by the Agency for Healthcare Research and Quality and administered by Westat under Contract Number 290-01-0003. For more information, please visit the NCBD Web site (<http://ncbd.cahps.org>) or contact the CAHPS Survey Users Network at 1-800-492-9261.

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Overview of the National CAHPS® Benchmarking Database

About the CAHPS® Survey

In 1995, the Agency for Healthcare Research and Quality (AHRQ) began an initiative to build an integrated set of standardized questionnaires and reporting formats that could be used to collect and report meaningful and reliable information about consumer experiences in obtaining health care. The goals of the CAHPS® project were to:

1. develop and test questionnaires that assess health plans and service;
2. produce easily understood reports for communicating survey information to consumers; and
3. evaluate the usefulness of these reports for consumers in selecting health care plans and services.

To implement CAHPS, AHRQ awarded three cooperative agreements to consortia at the Harvard Medical School, Research Triangle Institute and RAND. In the first stage of the project, the teams designed, tested and refined the survey instruments, report formats, and accompanying CAHPS Survey and Reporting Kit to assist those who use the CAHPS materials. In the second stage, they implemented and evaluated large-scale demonstration projects and used the results to further refine the CAHPS materials.

The CAHPS survey is designed to measure important dimensions of health plan performance from the consumer's point of view. By responding to a standardized set of questions administered through a mail or telephone questionnaire, health plan members report on their experiences and rate their health plans and providers in several areas. CAHPS surveys are administered to a random sample of health plan members by independent survey vendors, following standardized procedures.

The CAHPS survey is designed for use with all types of health insurance members (commercial, Medicaid, and Medicare) and across the full range of health care delivery systems from fee-for-service to managed care plans. A core survey questionnaire is available for adults concerning their own experiences and for parents concerning the experiences of their children. Supplemental questions have been developed as modules for people with chronic conditions and special health care needs. CAHPS instruments also have been developed for assessing medical groups, nursing homes, and behavioral health care organizations.

AHRQ provides the CAHPS Survey and Reporting Kit to all interested users through its clearinghouse (1-800-358-9295). The Kit provides everything required to field the survey and report the results and includes survey questionnaires, a data analysis program and report templates. Further information and technical assistance are available from the CAHPS Survey Users Network (SUN). The SUN can be reached through the Helpline at 1-800-492-9261 or through www.cahps-sun.org.

About the National CAHPS® Benchmarking Database (NCBD)

As CAHPS was implemented, AHRQ supported the development of the National CAHPS Benchmarking Database (NCBD) to serve as the repository for all CAHPS data. All sponsors of CAHPS surveys that are administered independently according to CAHPS specifications are invited to participate in the NCBD. Survey sponsors include public and private purchasers (employers, State Medicaid agencies, Medicare) and individual health plans. The NCBD is thus a national database of CAHPS survey data; it is intended to support benchmarking and research related to consumer assessments of care.

Initiated in 1998, the NCBD currently includes four years of CAHPS data. The database for 2001 includes CAHPS survey data from XXX,XXX survey respondents distributed over XXX health plan sampling units. The NCBD is available as a resource for CAHPS survey sponsors, researchers, and others interested in using comparative CAHPS survey findings and detailed benchmark data. The NCBD also offers an important source of primary data for conducting specialized research that will enable improvements in future survey design and a better understanding of health plan and enrollee characteristics that influence performance. The NCBD includes no data identifying individual respondents; the confidentiality of individual respondent information is maintained at all times.

Administration of the NCBD

The NCBD is funded by AHRQ and administered by Westat and Shaller Consulting. A formal NCBD Advisory Group, composed of representatives from survey sponsor organizations and other interested groups, provides oversight and direction for the project. Further information about the NCBD is available through the NCBD Web site at <http://ncbd.cahps.org>.

Use of the NCBD for Benchmarking

A central purpose of the NCBD is to facilitate comparisons of CAHPS survey results by survey sponsors. By compiling CAHPS survey results from a variety of sponsors into a single national database, the NCBD enables purchasers and plans to compare their own results to relevant national benchmarks, in order to identify performance strengths as well as opportunities for improvement.

Survey sponsors participate in the NCBD by submitting their CAHPS survey results according to specified guidelines. In return, participating sponsors receive a customized report that compares their own results to appropriate benchmarks derived from the NCBD. Comparative data include national, regional and product type averages for CAHPS results.

Use of the NCBD for Research

Researchers may gain authorized access to NCBD data needed to help answer important health services research questions related to consumer assessments of quality as measured by CAHPS. A description of the data application process and a list of current NCBD research projects are included in the *NCBD Annual Report*.

NCBD Annual Report

In 2001, the NCBD published its first *Annual Report* summarizing the composition and key findings from the current database. The *Annual Report* provides an update on research projects using NCBD data, and presents summary level benchmarks for consumer reports and ratings for the commercial, Medicaid, and Medicare sectors.

Custom Analyses and Reports

In addition to standardized Sponsor Reports and the NCBD Annual Report, NCBD staff are available to conduct specialized data analyses and reports upon request. All analyses and reports will adhere to NCBD data policies regarding confidentiality of respondents, plans and sponsors.

Organization of this Report

This report presents results for the *[Sponsor Name]* 2001 CAHPS survey of commercial managed care members compared to results of CAHPS surveys conducted by other commercial survey sponsors participating in the NCBD 2001. The report is organized as follows:

- **Overview** includes background information on the CAHPS survey, the NCBD, and the organization of this report.
- **Using NCBD Data** contains guidelines for using NCBD reports, methodological information on consumer reports and consumer ratings (i.e., items included, calculations), response rate calculation, case mix adjustment and significance testing, as well as descriptions of regional benchmarks and data displays presented in this report. This section also includes a comparison of the NCBD to the National Committee for Quality Assurance (NCQA) Quality Compass[®] database and a list of participants in the NCBD 2001.
- **Your Results** presents sponsor-specific survey results compared to NCBD benchmarks. This section includes demographic characteristics of respondents, two summary tables of survey results and detailed results for survey items.

Using NCBD Data

Guidelines for Using NCBD Sponsor Reports

The NCBD Advisory Group has adopted the following principles to guide participating sponsors in their use of NCBD Sponsor Reports:

1. Health plan and sponsor comparisons to NCBD national averages and benchmarks are intended to support efforts to improve health plan performance, care delivery and health care purchasing strategies.
2. Participating sponsors are encouraged to use NCBD comparative data to identify areas for focusing improvement efforts and for demonstrating accountability. For example,
 - Sponsors can develop improvement plans and targets based on differences that show possible areas for improvement.
 - Sponsors can document areas in which performance is high relative to the NCBD average and benchmarks in order to reward excellence and create incentives for continued improvement.
3. NCBD comparative data are not designated for advertising purposes. Health plan sponsors choosing to use results from their NCBD Sponsor Reports in paid advertising or promotions are encouraged to follow the guidelines for advertising developed by the National Committee for Quality Assurance (available through the NCQA web site located at: www.ncqa.org).
4. Participating sponsors should include the following statement when using data or information provided in NCBD Sponsor Reports in any publication:

“The source for comparative CAHPS[®] survey data used in this publication is the National CAHPS[®] Benchmarking Database (NCBD). Any analysis, interpretation, or conclusion based on these data is solely that of the authors. The NCBD is a collaborative initiative of Westat and Shaller Consulting, with funding provided by the Agency for Healthcare Research and Quality.”

For assistance with using NCBD data for quality improvement and value purchasing, call the SUN Helpline at 1-800-492-9261.

Report Methodology

The NCBD 2001 Sponsor Report follows CAHPS 2.0 consumer reporting methods and summarizes the survey results using five consumer reports of their experiences with care and four consumer ratings of their experiences with care. Both types of results are described in detail below.

Consumers' Reports on Their Experiences with Care

CAHPS was designed to move beyond satisfaction scores (a function of expectations) to more accurate assessments based on “reports” of the consumer experience. Much investigation went into the design of questions that capture consumer experiences with high quality care. Most of the CAHPS survey questions ask respondents to report on their experiences with different aspects of their care. These reporting questions are combined into groups that address the same aspect of care or service to arrive at a broader assessment. CAHPS reporting questions fall into five major reports that summarize consumer experiences in the following areas:

- getting needed care;
- getting care without long waits;
- how well doctors communicate;
- courteous and helpful office staff;
- customer service.

The exact questions and responses for each consumer report are presented in the table below.

Consumer Reports and Items	Response Grouping for Presentation
Getting needed care	
Q6. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	A big problem, A small problem, Not a problem
Q10. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?	A big problem, A small problem, Not a problem
Q24. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?	A big problem, A small problem, Not a problem
Q25. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	A big problem, A small problem, Not a problem
Getting care without long waits	
Q15. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?	Never + Sometimes, Usually, Always
Q17. In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?	Never + Sometimes, Usually, Always
Q20. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?	Never + Sometimes, Usually, Always
Q26. In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?	Always + Usually, Sometimes, Never

Note: Question numbers correspond to the CAHPS 2.0H Adult Core Commercial Mail survey.

Consumer Reports and Items (<i>continued</i>)	Response Grouping for Presentation
Doctors who communicate well	
Q29. In the last 12 months, how often did doctors or other health providers listen carefully to you?	Never + Sometimes, Usually, Always
Q30. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?	Never + Sometimes, Usually, Always
Q31. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?	Never + Sometimes, Usually, Always
Q32. In the last 12 months, how often did doctors or other health providers spend enough time with you?	Never + Sometimes, Usually, Always
Courteous and helpful office staff	
Q27. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	Never + Sometimes, Usually, Always
Q28. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?	Never + Sometimes, Usually, Always
Customer service	
Q39. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?	A big problem, A small problem, Not a problem
Q41. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	A big problem, A small problem, Not a problem
Q46. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?	A big problem, A small problem, Not a problem

Note: Question numbers correspond to the CAHPS 2.0H Adult Core Commercial Mail survey.

Weighting Items Within a Consumer Report

Each item of a consumer report is given equal weight in calculating the scores. Computationally, this implies calculating the mean of each item within the plan and then taking an unweighted average of the item means to obtain the mean. Equal weighting follows from the fact that there is no evidence to suggest that any item is more important than another. For example, the number of members who have a personal doctor is likely to be larger than the number of members who receive care from a specialist. Therefore, survey results will likely include more responses for Q#6 in the above table than for Q#7. Despite this difference, however, the item about specialty care is included in the result with equal weighting because it is regarded as potentially important to every member. Another advantage of equal weighting is that the weights are consistent from year to year, as well as across plans within the same year.

Consumers' Ratings of Their Experiences with Care

CAHPS collects four separate ratings to distinguish between important aspects of care. The four questions ask plan members to rate their experiences in the past 12 months with: their personal doctor or nurse; the specialist they saw most often; health care received from all doctors and other health providers; and their health plan. Ratings are scored on a 0 to 10 scale, where 0 is the "worst possible" and 10 is the "best possible." The ratings are analyzed and presented in the

three-category display used in the CAHPS 2.0 consumer reports: the percentage of consumers who rated their plans as either 0-6, 7-8, or 9-10. This three-part scale is used because testing by the CAHPS team determined that these cut-points maximize the ability to discriminate among plans. The exact questions and responses are presented in the table below:

Consumer Ratings	Response Grouping for Presentation
Overall Rating of Personal Doctor	
Q8. Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?	0-6, 7-8, 9-10
Overall Rating of Specialists	
Q12. Use any number on a scale from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?	0-6, 7-8, 9-10
Overall Rating of Health Care	
Q33. Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?	0-6, 7-8, 9-10
Overall Rating of Health Plan	
Q47. Use any number on a scale from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health insurance plan now?	0-6, 7-8, 9-10

Note: Question numbers correspond to the CAHPS 2.0H Adult Core Commercial Mail survey.

Sampling Methodology

The CAHPS sampling recommendation is to achieve a minimum of 300 completed responses per plan, with a 60 percent response rate. If there are multiple plans in a sponsor's portfolio, the recommendation is to draw equal sample sizes from each of the plans, regardless of the size of the plan membership, so as to achieve 300 completed responses. And the plan samples are not adjusted for unequal probabilities of selection. This logic stems from the principle that the precision of the estimates depends primarily on the size of the sample and not on the size of the population from which it is drawn. Therefore, the given sample size will give the same precision for means or rates regardless of the overall size of the population.

Response Rate Calculation

In its simplest form, the response rate is the total number of completed questionnaires divided by the total number of respondents selected. Following CAHPS guidelines, NCBD adjusts response rates according to the following formula:

$$\frac{\text{Number of completed returned questionnaires}}{\text{Total number of respondents selected} - (\text{deceased} + \text{ineligible})}$$

In calculating the response rate, NCBD does not exclude respondents who refused, had bad addresses or phone numbers or were institutionalized or incompetent. Listed below is an explanation of the categories included and excluded in the response rate calculation:

Numerator inclusions:

- ◆ **Completed questionnaires.** A questionnaire is considered complete if it was coded as complete by the sponsor and has at least one question completed.

Denominator Inclusions:

Total number of respondents includes:

- ◆ **Refusals.** The sample member refused in writing, or refused to be interviewed.
- ◆ **Nonresponse.** The sample member was always unavailable and is presumed to be eligible.
- ◆ **Institutionalized or incompetent respondents.** If the caregiver or guardian received the survey or was contacted by phone, and the sample member was institutionalized or incompetent and could not be contacted directly, then the sampled person is considered a nonrespondent and included in the denominator.
- ◆ **Bad addresses/phone numbers.** In either case, the sample member was never located and is considered a nonlocatable, and included in the denominator.

Denominator Exclusions:

- ◆ **Deceased.** Deceased sample members are excluded from the denominator. In some cases a household or family member may have provided information about the death of the sample member.
- ◆ **Ineligible - not enrolled in the plan.** The sample member disenrolled from the plan, was never in the plan, or was enrolled in the plan for less than 12 months. These cases are considered ineligible.

Case Mix Adjustment

Several methodological problems complicate the measurement and reporting of health care data, particularly when reports draw comparisons among health plans, as is the case in this report. Among these challenges is the need to adjust appropriately for case-mix differences. Case mix refers to the proportion of health plan members with serious health conditions and other demographic characteristics that have been demonstrated to affect respondents' reports and ratings of the quality of care received. Case-mix takes into account individual characteristics that are not under the control of the plan but may affect measures of outcomes or processes, such as demographic and social characteristics or health status.

Many of the CAHPS questions ask about aspects of access or processes of care that should not vary by member characteristics. Therefore, case-mix adjustment may be less important for CAHPS data than for outcomes of care, which are known to be influenced by individual characteristics in a way that is independent of plan performance. Nonetheless, there are at least two reasons why case-mix adjustment might still be necessary. First, there are certain processes that one would expect to vary according to the characteristics of respondents. For example, one CAHPS question is "how much of a problem did you have finding or understanding the information from your health plan?" Although it is desirable to communicate clearly to all individuals, it probably is harder to do so with members who have less education than with other individuals.

Second, individual characteristics might influence the response to questions, even if the process of care is the same for different respondents. For example, individuals' expectations might strongly influence their response to questions asking for evaluations, such as "how often did you get an appointment as soon as you wanted." If a health plan member has very low expectations for the quality of care, he or she might be very satisfied with poor quality. Also, certain types of respondents may have a general tendency to give positive ratings or have biases that are not associated with the quality of care. For example, some groups of individuals may generally have more trust and confidence in authority figures and institutions, even if there are no differences in their care.

In this report, consumer reports, ratings results, and item level data were case mix adjusted. Mean scores for consumer reports and consumer ratings measures were adjusted using a linear regression model. The case mix adjustment model included plans members' age, self-reported health status, and education. These variables were entered into the adjustment model as ordered categories. The resulting case-mix adjusted means were tested for significance as described in the next section.

Testing for Statistical Differences

The NCBD Sponsor Reports test for statistically significant differences between mean consumer report scores and ratings of individual health plans and the mean of all plan means in the NCBD using the t-test. A significance level of 0.05 or less is considered statistically significant. As described in the previous sections, the mean scores are adjusted for case-mix differences before the statistical tests are applied.

To compute the means, reports and rating responses are grouped into three categories and assigned a score of 1, 2 or 3. Then, significance tests for both the reports and ratings are conducted on the mean scores. Individual plan scores that differ significantly from the overall mean are denoted by arrows, either pointing up (significantly higher than the overall mean) or down (significantly lower than the overall mean).

Readers should note that sample size affects significance testing in at least two important ways. First, due to the large sample sizes in the NCBD, not all statistically significant differences may reflect meaningful differences in plan performance. For example, consider the following data:

Customer Service
Plan A - 54.2%
NCBD - 56.4%

Because of the large sample size for the NCBD, it is possible for Plan A to be statistically below the NCBD plan average. However, it might be difficult for purchasers and consumers to interpret a difference of 2.2 percentage points as indicating a meaningful difference in performance.

Second, differences in sample size among health plans may mean that two plans with an identical score, but different sample sizes, may produce different results on the statistical significance tests. This is because smaller sample sizes at the plan level yield less precise measures of performance and may be insufficient to achieve statistical significance. Therefore, readers should take sample size into account when interpreting the results of statistical tests. Please refer to the CAHPS Survey and Reporting Kit for more information on substantive or practical significance.

Finally, note that this method of determining statistical differences does not translate into plan-to-plan comparisons. For example, if one plan has an up arrow on a particular item and another plan has no arrow for that item, it does not necessarily mean that the first plan's score is significantly higher than the second.

Regional Benchmarks

The regional benchmarks were calculated according to the United States Census Bureau Regions. The table below lists the regions and included states.

Region	States
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
South	Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West	Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

Description of Data Displays

Survey Results in Summary

This report summarizes the survey results in two ways. First, we present the results of tests of statistically significant differences between health plans and the NCBD adult commercial averages for the ratings and reports. Second, we present the results by percentile rankings using stars to indicate the percentile band for a specific result. The tables are described in detail below and examples of the formats follow.

Statistically Significant Differences Summary Table – Statistical tests were conducted at the 0.05 level of statistical significance. The table also includes the results of statistical tests between the sponsor average and the NCBD plan average. The arrows in the table indicate the results of the statistical comparison:

- **(↑) up arrow** - indicates performance that is above the NCBD plan average.
- **(↓) down arrows** - indicates performance that is below the NCBD plan average.
- **(↔) two-sided arrow** - indicates that the result was statistically equivalent to the NCBD plan average.

Percentile Rank Summary Table – This table shows where each health plan result fell within the percentile range of all the plans in the country that submitted CAHPS results to the NCBD. Five stars indicate the plan performed within the top ten percent of plans in the NCBD 2001 while one star indicates the plan performed within the bottom twenty-five percent of plans in the NCBD 2001. Rankings are based on a direct comparison of the plan result to the full range of results from all adult commercial plans in the NCBD 2001; no statistical comparisons were performed.

Statistically Significant Differences Summary Table Example

Symbol	↑	↔	↓
Interpretation	indicates result is statistically above the NCBD plan average	indicates result is statistically equivalent to the NCBD plan average	indicates result is statistically below the NCBD plan average

	Consumer Reports				
	Getting Needed Care	Getting Care Without Long Waits	Doctors Who Communicate Well	Courteous & Helpful Office Staff	Customer Service
Sponsor Average	↑	↑	↔	↑	↔
Plan 1	↑	↑	↔	↑	↔
Plan 2	↔	↑	↑	↑	↑
Plan 3	↑	↑	↑	↑	↔
Plan 4	↑	↔	↔	↔	↔
Plan 5	↔	↑	↔	↑	↔

	Consumer Ratings			
	Overall Rating of Personal Doctor	Overall Rating of Specialist	Overall Rating of Health Care	Overall Rating of Health Plan
Sponsor Average	↔	↔	↔	↓
Plan 1	↑	↑	↑	↔
Plan 2	↔	↔	↔	↓
Plan 3	↓	↔	↔	↓
Plan 4	↔	↑	↔	↓
Plan 5	↓	↔	↔	↓

Statistical tests performed at the .05 level.

Percentile Rank Summary Table Example

Symbol	★★★★★	★★★★	★★★	★★	★
Percentile Rank	90 th – 100 th percentile	75 th – 89 th percentile	50 th – 74 th percentile	25 th – 49 th percentile	Below the 25 th percentile

	Consumer Reports				
	Getting Needed Care	Getting Care Without Long Waits	Doctors Who Communicate Well	Courteous & Helpful Office Staff	Customer Service
Sponsor Average	★★★★★	★★★★★	★★★	★★★★★	★★★
Plan 1	★★★★★	★★★★★	★★★	★★★★★	★★
Plan 2	★★★	★★★★★	★★★★★	★★★★★	★★★★★
Plan 3	★★★★★	★★★★★	★★★★★	★★★★★	★★
Plan 4	★★★★★	★★★	★★	★★★	★★★
Plan 5	★★★	★★★★★	★★	★★★	★★

	Consumer Ratings			
	Overall Rating of Personal Doctor	Overall Rating of Specialist	Overall Rating of Health Care	Overall Rating of Health Plan
Sponsor Average	★★	★★★	★★	★
Plan 1	★★★★★	★★★★★	★★★★★	★★
Plan 2	★	★	★★	★
Plan 3	★	★★★	★★	★
Plan 4	★★★	★★★★★	★★★★★	★★
Plan 5	★	★★	★★	★

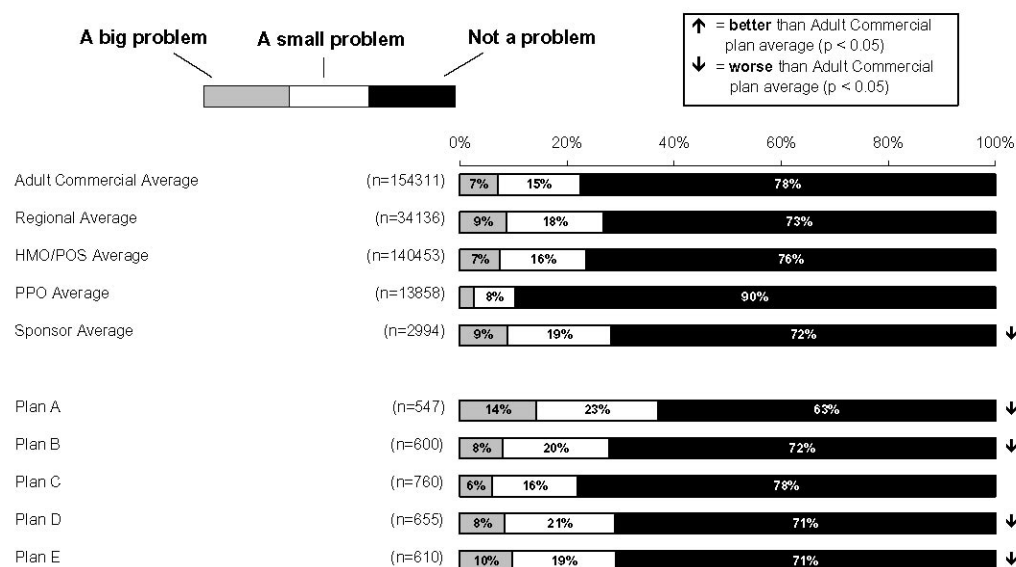
Survey Results in Detail

Detailed survey results include consumer reports and respective item results and consumer ratings. Results in this section present the full range of responses; an example is shown below. The consumer reports results are presented first and are followed by the consumer ratings.

Consumer Report Example:

Getting Needed Care

This chart displays the data for "Getting Needed Care", an aggregate of survey questions 6, 10, 24, and 25. Results for the individual questions are displayed on each of the following pages.



Benchmark Definitions:

- ◆ **NCBD adult commercial average** – The mean score for all adult commercial health plans in the NCBD. The NCBD 2001 adult commercial plan average includes a total of XXX,XXX survey responses from individuals in XXX health plans serving employees of public and private sector purchasers across the nation.
- ◆ **Regional Average** – The mean score for all plans within the region. See Methodology section for details on how the regions are defined.
- ◆ **HMO/POS Average** – The mean score for HMO, POS and HMO/POS plans in the NCBD 2001.
- ◆ **PPO Average** – The mean score for PPO plans in the NCBD 2001.
- ◆ **Sponsor Average** – The mean score for [Sponsor Name]'s [number of plans] health plans. The [Sponsor Name] average includes individual responses from [number of responses] completed questionnaires in [number of plans] plan(s) surveyed.

Arrows indicating up or down show statistically significant differences between each plan and the NCBD plan average. These tests were conducted at the 0.05 level of statistical significance. Please note, the HEDIS "smoking" items (Q49 - Q52) were not tested for significant differences.

NCBD Compared to NCQA Quality Compass®

While NCBD is the national database for CAHPS results, the National Committee for Quality Assurance (NCQA) also collects CAHPS results from health plans. NCQA is an independent, non-profit organization that evaluates and reports on the quality of the nation's managed care organizations. NCQA evaluates health care through Accreditation (a rigorous on-site review of key clinical and administrative processes) and through the Health Plan Employer Data and Information Set (HEDIS -- a tool used to measure performance in key areas like immunization and mammography screening rates).

Before the development of CAHPS, NCQA collected plan satisfaction data using a HEDIS Member Satisfaction Survey. In 1998, NCQA worked with AHRQ to develop CAHPS 2.0H, a version of the survey with a specified protocol for managed care plans to use to report results to NCQA for accreditation or HEDIS®. Detailed information on the requirements for CAHPS 2.0H is available directly from NCQA (www.ncqa.org).

Because almost 90 percent of all health plans measure their performance using HEDIS, there is substantial overlap between the NCBD and NCQA's Quality Compass®, a national database of plan specific performance information. However, because NCQA's purposes for the data differ from NCBD's, there are corresponding differences in survey administration, analysis methods, and presentation of the data. The table on the following pages presents differences between the NCBD and the CAHPS 2.0H survey data in NCQA's Quality Compass.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
Database Participation		
Criteria	Open to all sponsors of CAHPS surveys that choose to participate (purchasers and health plans).	Includes health plans that are part of NCQA's accreditation process since 1999 and those that choose to publicly report their HEDIS results.
Survey Administration		
Survey Instrument Standards	CAHPS 2.0 or CAHPS 2.0H	CAHPS 2.0H
Survey Administration Standards		
♦ <i>Administration</i>	Survey must be conducted by a third party vendor according to CAHPS 2.0 guidelines or the HEDIS protocol.	Survey must be conducted by a third party vendor certified by NCQA, according to the HEDIS protocol.
♦ <i>Collection mode</i>	Mail, telephone or mixed mode protocols are accepted. Internet enhancement is accepted.	Mail with telephone follow-up protocol is required, Internet enhancement is optional (alternative protocols must be approved by NCQA).
♦ <i>Sample size</i>	Large enough to yield 300 completed surveys per health plan product, a cost-effective method shown to produce statistically valid survey comparisons.	Large enough to yield 411 completed surveys per health plan product (107 smokers or recent quitters if smoking questions are included).
♦ <i>Response Rates</i>	Target rates are 60% for commercial health plans and 50% for Medicaid, but lower rates are accepted.	Target rates are 55% for commercial and 45% for Medicaid, but lower rates are accepted if HEDIS protocol is followed exactly.
♦ <i>Completion criteria</i>	NCBD includes all records that have been coded as a complete by the sponsor and have at least one completed question.	Each survey must have 80% of all questions completed and answer two key questions.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
Data Analysis and Reporting		
Calculation of National Average	National average is calculated using respondent-level data.	National average is calculated using plan-level data.
Case Mix Adjustment	NCBD comparisons of reports and ratings are adjusted for respondent age, education, and self-reported health status.	No case mix adjustment used.
Summary Comparisons	Statistical differences between plans and the national plan average are indicated by an arrow up (above the national plan average), down (below the national plan average), or no arrow (no difference). Also shown are band comparisons for NCQA bands 1, 2, 3, 4, and 5-6.	Plans are grouped into percentile categories or bands: Band 1: 90th percentile or above Band 2: 75th-90th percentile Band 3: 50th-75th percentile Band 4: 25th-50th percentile Band 5: 10th-25th percentile Band 6: Below the 10th percentile A “best in class” designation indicates the plan is in Band 1 and its score is significantly higher than the lower limit of the top band.
Consumer Report Results	Consumer report results are presented in three-part bar charts showing the range of responses.	Consumer report results are presented with “always” combined with “usually.” Results with “not a problem” as the most positive response are presented consistently with NCBD.
Individual Question Items	Individual questions are reported in three-part bar charts showing the range of responses.	Individual questions are reported the same as the consumer report results.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
Ratings	Ratings presented using a three-category display for the 0-10 scale questions: 0-6, 7-8, 9-10.	Ratings presented grouping the 8-10 responses. <i>(Readers should note that because NCBD groups responses differently, NCQA ratings results will likely be different from NCBD results.)</i>
Question Numbering	Numbering of questions based on CAHPS 2.0H.	Numbering of questions based on CAHPS 2.0H.
Summary Reports	<p><i>NCBD Annual Report:</i></p> <ul style="list-style-type: none"> • Initial report published in October 2001. • Compares consumer reports and ratings for commercial, Medicaid, and Medicare populations. • Includes detailed benchmark tables listing the average score, highest plan score, and lowest plan score for the ratings and reports for all three sectors. 	<p><i>Quality Compass:</i></p> <ul style="list-style-type: none"> • Published annually in August. • Software for comparing plan performance on specific measures and data extracts of publicly reporting plans. <p><i>State of Managed Care Quality:</i></p> <ul style="list-style-type: none"> • Published annually in September. <p>Compares adult commercial survey reports and ratings by top and bottom regions and by 90th and 10th percentiles.</p>
Sponsor Reports	Complimentary reports that compare sponsor-specific survey results to relevant averages.	Plans who submit data receive a report that compares their current year results to benchmark results from the previous year.
Access to Data Files	<ul style="list-style-type: none"> • Authorized access to respondent-level data files open to researchers free of charge upon approval by the NCBD Executive Research Committee. • Access requires agreement to maintain confidentiality of sponsor and plan identities. • Special provisions apply to Medicare data files. 	Access to summary and plan-level data files by purchase of Quality Compass license agreement.

Participants in NCBD 2001

The table below shows the composition of the NCBD 2001 adult commercial database.

Sponsor Name	Number of Plans surveyed	Total Number Sampled	Total Number of Completed Surveys¹	Range of Response Rates
Sponsor A	X	XX,XXX	X,XXX	XX%
Sponsor B	XX	X,XXX	XXX	XX% - XX%
Sponsor C	XX	X,XXX	XXX	XX% - XX%
Sponsor D	X	XX,XXX	XXX	XX%
Sponsor E	X	X,XXX	X,XXX	XX%
Sponsor F	X	X,XXX	XXX	XX%
Sponsor G	XX	XX,XXX	X,XXX	XX% - XX%
Sponsor H	XX	X,XXX	XXX	XX% - XX%
Sponsor I	XX	XXX	XXX	XX% - XX%
Sponsor J	X	X,XXX	X,XXX	XX%
Sponsor K	XXX	XX,XXX	XXX	XX% - XX%
Sponsor L	X	X,XXX	XXX	XX%
Sponsor M	XX	X,XXX	XXX	XX% - XX%
Sponsor N	X	XX,XXX	X,XXX	XX%
Sponsor O	XX	X,XXX	XXX	XX% - XX%
Sponsor P	X	X,XXX	XXX	XX%
Sponsor Q	XX	XXX	X,XXX	XX% - XX%
Sponsor R	XX	XXX	X,XXX	XX% - XX%
Total Submitted to NCBD	XXX	XX,XXX	XXX,XXX	
Deduplicated²	XXX	X,XXX	XXX,XXX	

¹ Total number of completed surveys includes only those surveys coded as a “complete” by the sponsor or their vendor(s).

² For 2001, two or more sponsors submitted CAHPS Survey data for XX health plans. The deduplicated number represents unique health plans among the adult commercial population in NCBD 2001.

Your Results

SPONSOR NAME

Demographic Characteristics – NCBD and SPONSOR

This section presents descriptive information about the sponsor sample, the entire NCBD sample and the general adult population. Data on the general adult population data are from the Census Bureau's Current Population Survey (CPS) 1998-2001. The commercial data includes individuals with employer or union provided health insurance and those with privately purchased coverage. (See the CPS Web site at www.bls.census.gov/cps/cpsmain.htm for more information.) Sponsors and plans can use this information to inform their interpretation of survey results.

Demographic Characteristic	Sponsor	NCBD 2001	General Population
Gender			
Male	48%	41%	49%
Female	52%	59%	51%
Age			
18-34 years	10%	15%	29%
35-54 years	33%	50%	45%
55-74 years	40%	31%	20%
75+ years	17%	7%	6%
Education			
Less than high school graduate	9%	6%	9%
High school graduate/GED	30%	29%	32%
Some college/2 year degree	33%	31%	29%
4 year college graduate	16%	18%	19%
More than 4 year college degree	13%	17%	10%
Race/Ethnicity			
White	16%	64%	86%
African-American	0%	0%	10%
Asian	68%	29%	NA
Native Hawaiian/Pacific Islander	9%	4%	NA
American Indian/Native Alaskan	0%	0%	1%
Multi-racial	6%	3%	NA
Self-Reported Health Status			
Excellent	12%	19%	32%
Very Good	34%	40%	34%
Good	38%	32%	24%
Fair	13%	8%	7%
Poor	2%	1%	3%

[illegible]

[illegible]

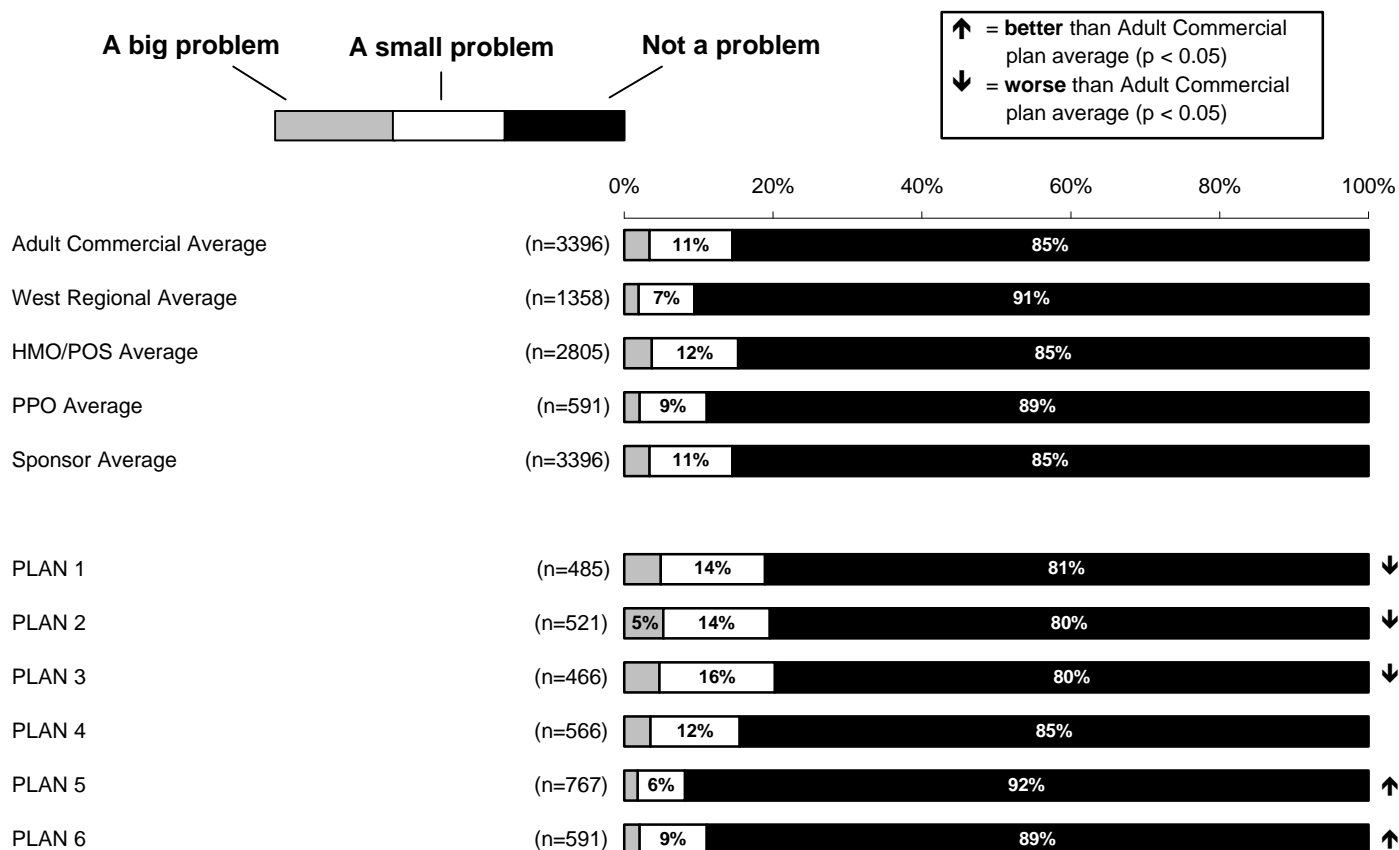
[illegible]

Symbol	★★★★★	★★★★	★★★	★★	★
Percentile Rank	90 th – 100 th percentile	75 th – 89 th percentile	50 th – 74 th percentile	25 th – 49 th percentile	Below the 25 th percentile

[illegible]

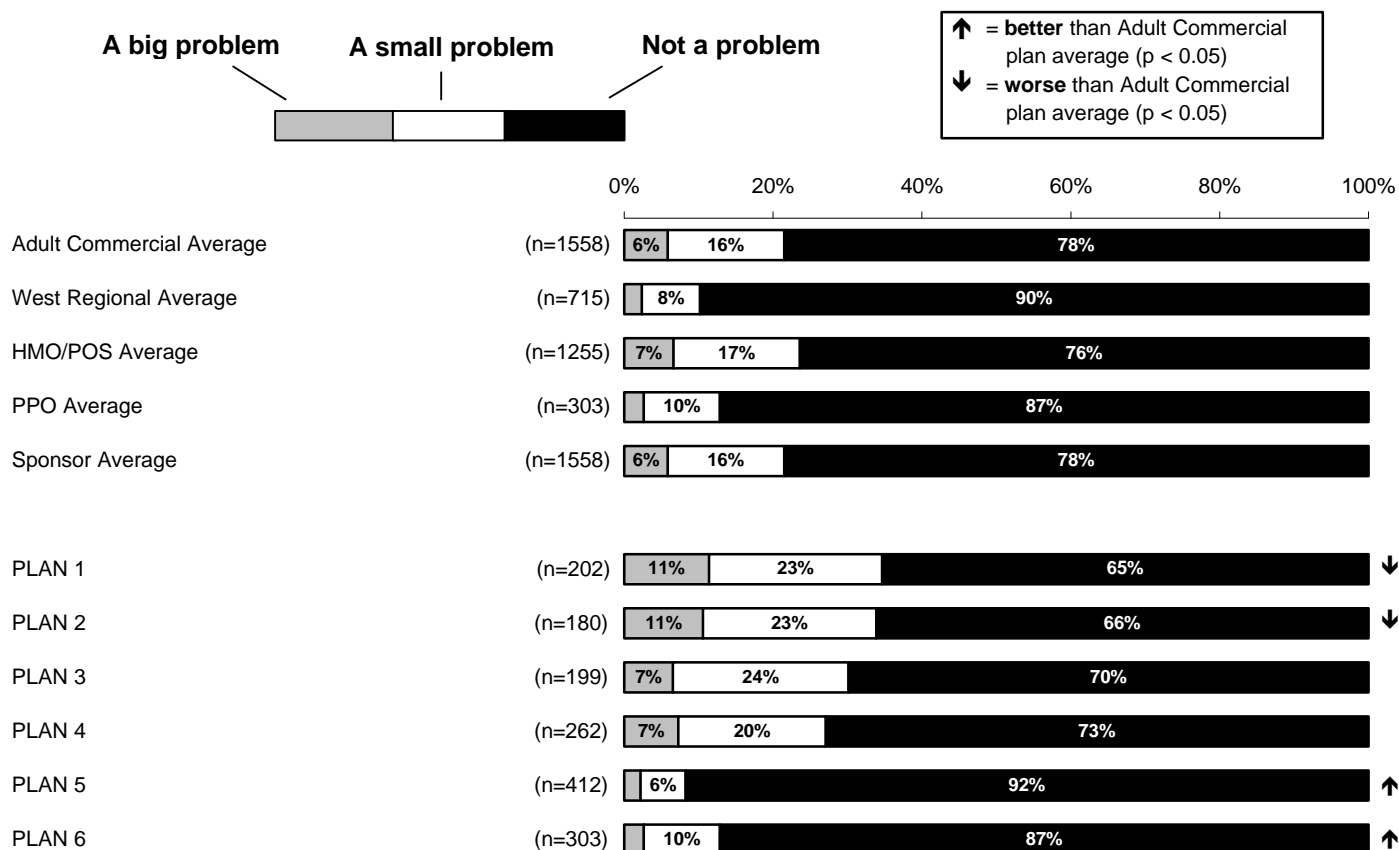
Getting Needed Care

This chart displays the data for "Getting Needed Care", an aggregate of survey questions 6, 10, 24, and 25. Results for the individual questions are displayed on each of the following pages.



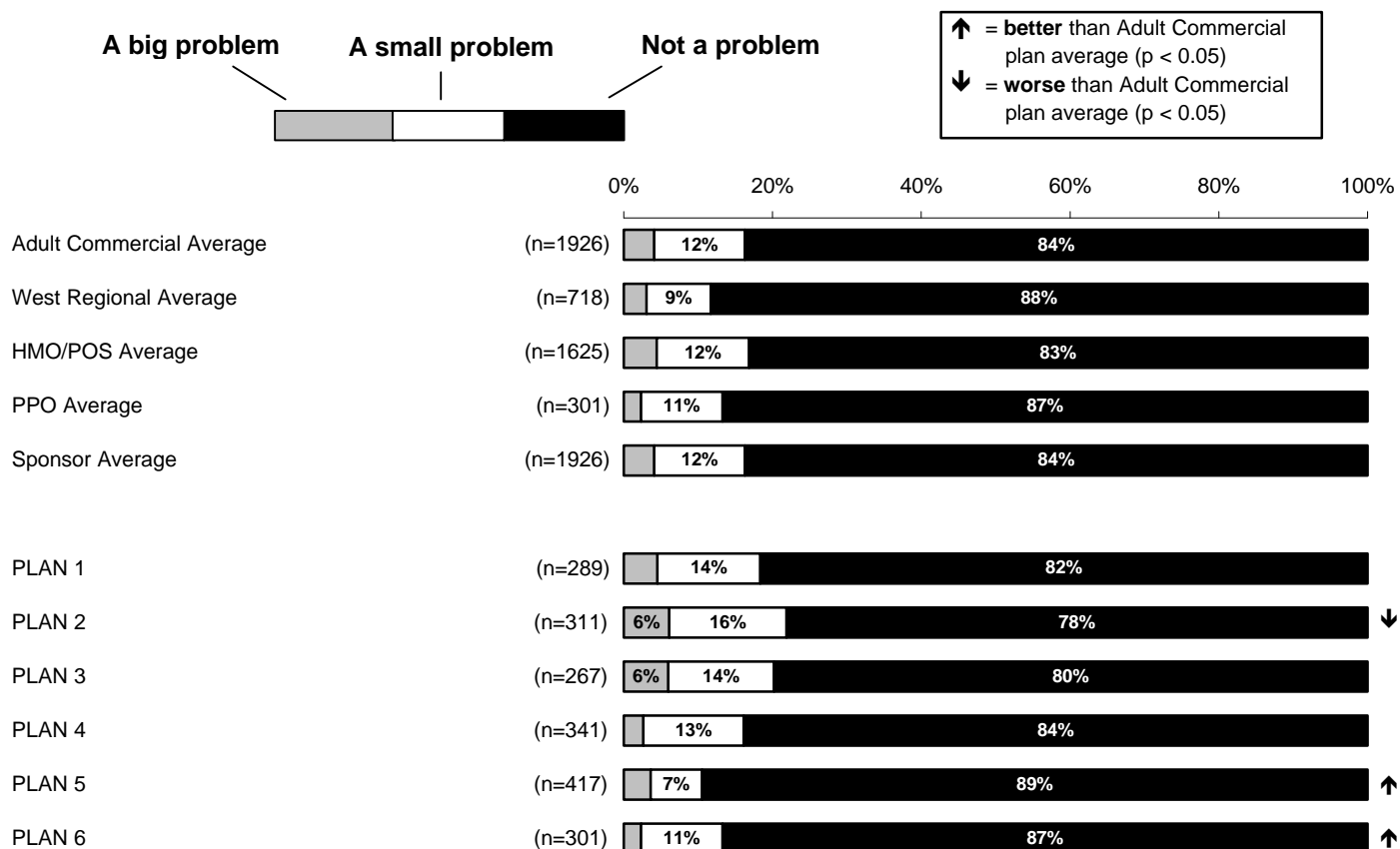
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q6. With the choices your health plan gave you, how much of problem, if any, was it to get a personal doctor or nurse you are happy with?



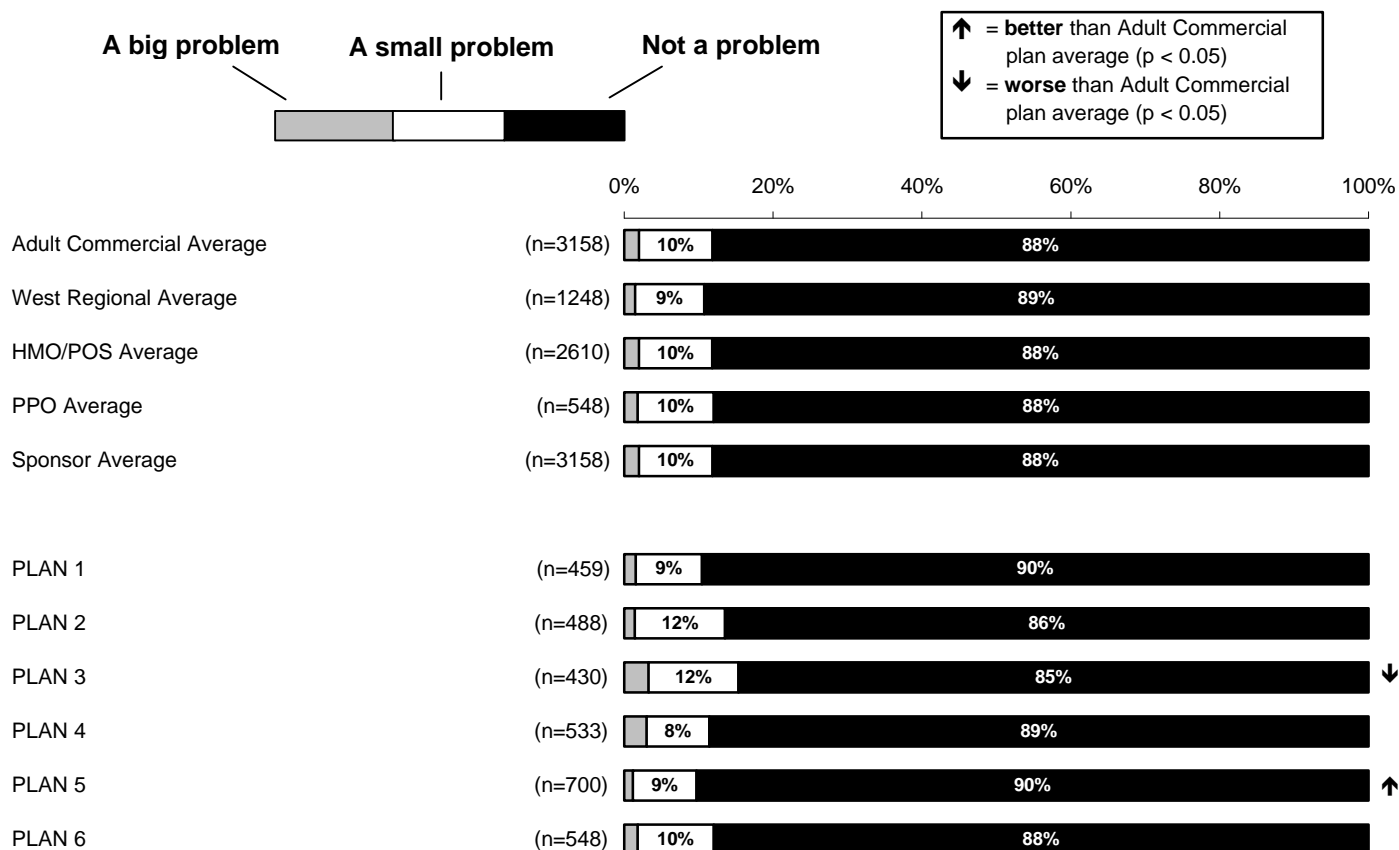
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q10. Of those respondents who thought they needed to see a specialist: "In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?"



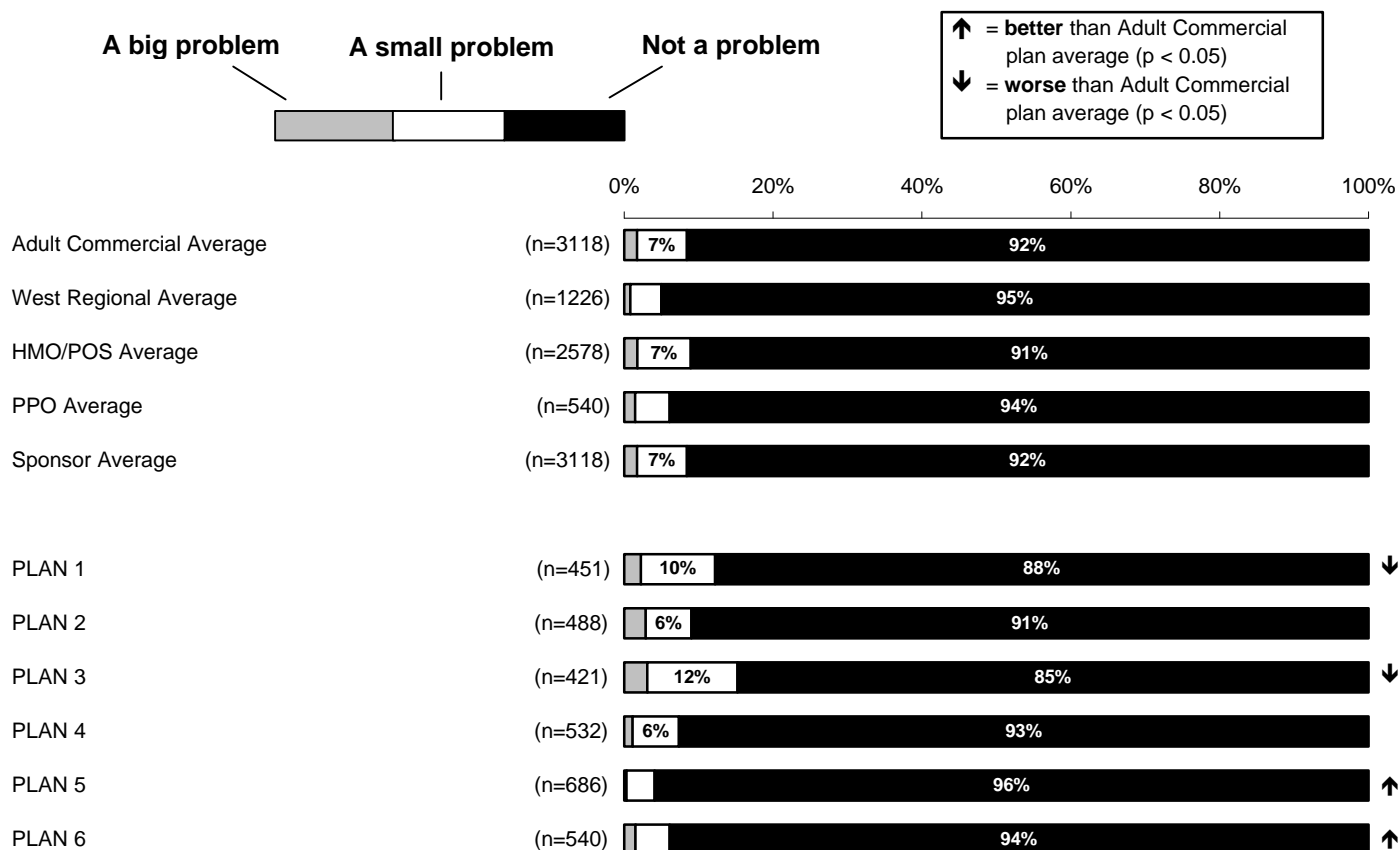
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q24. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

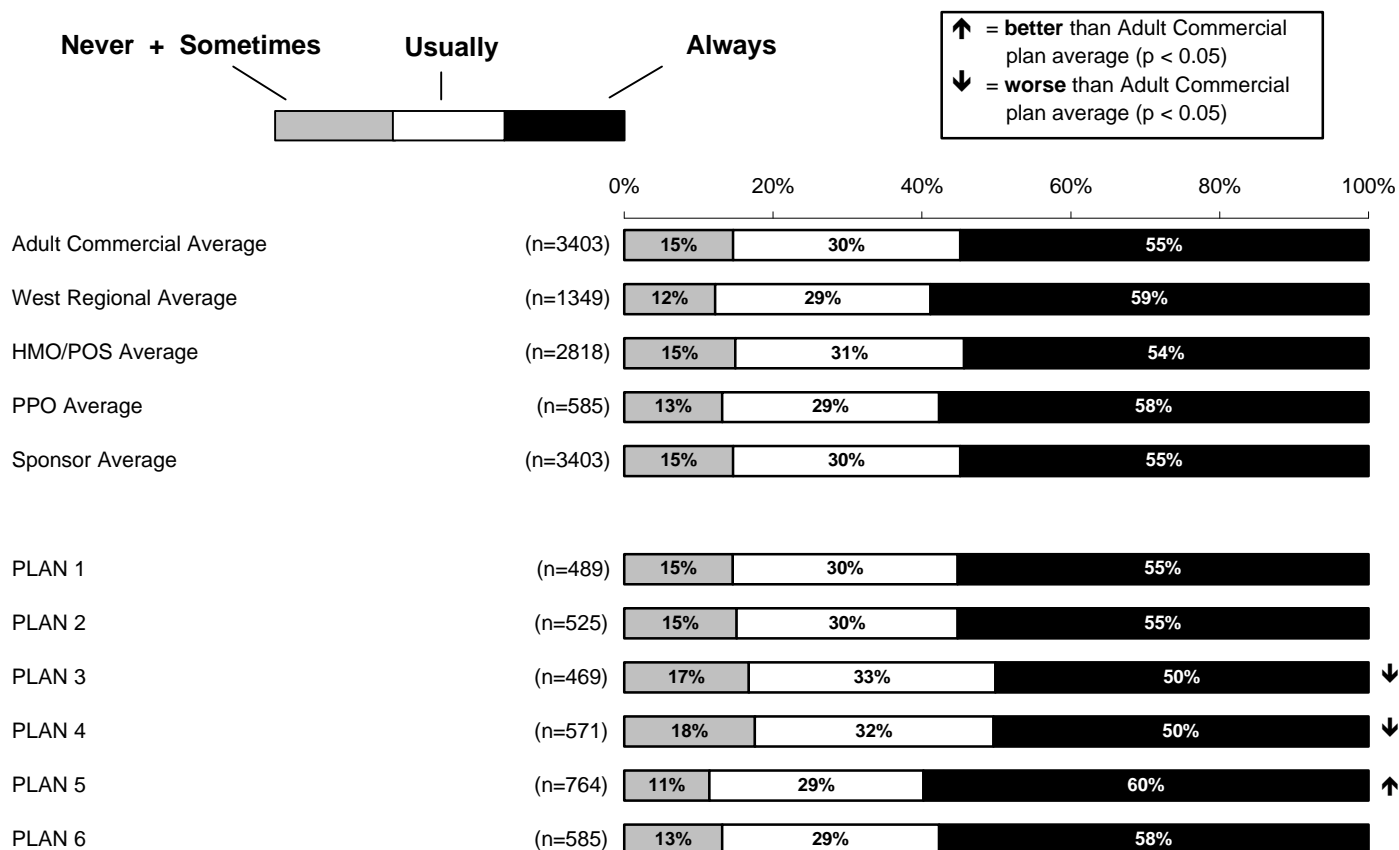
Q25. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

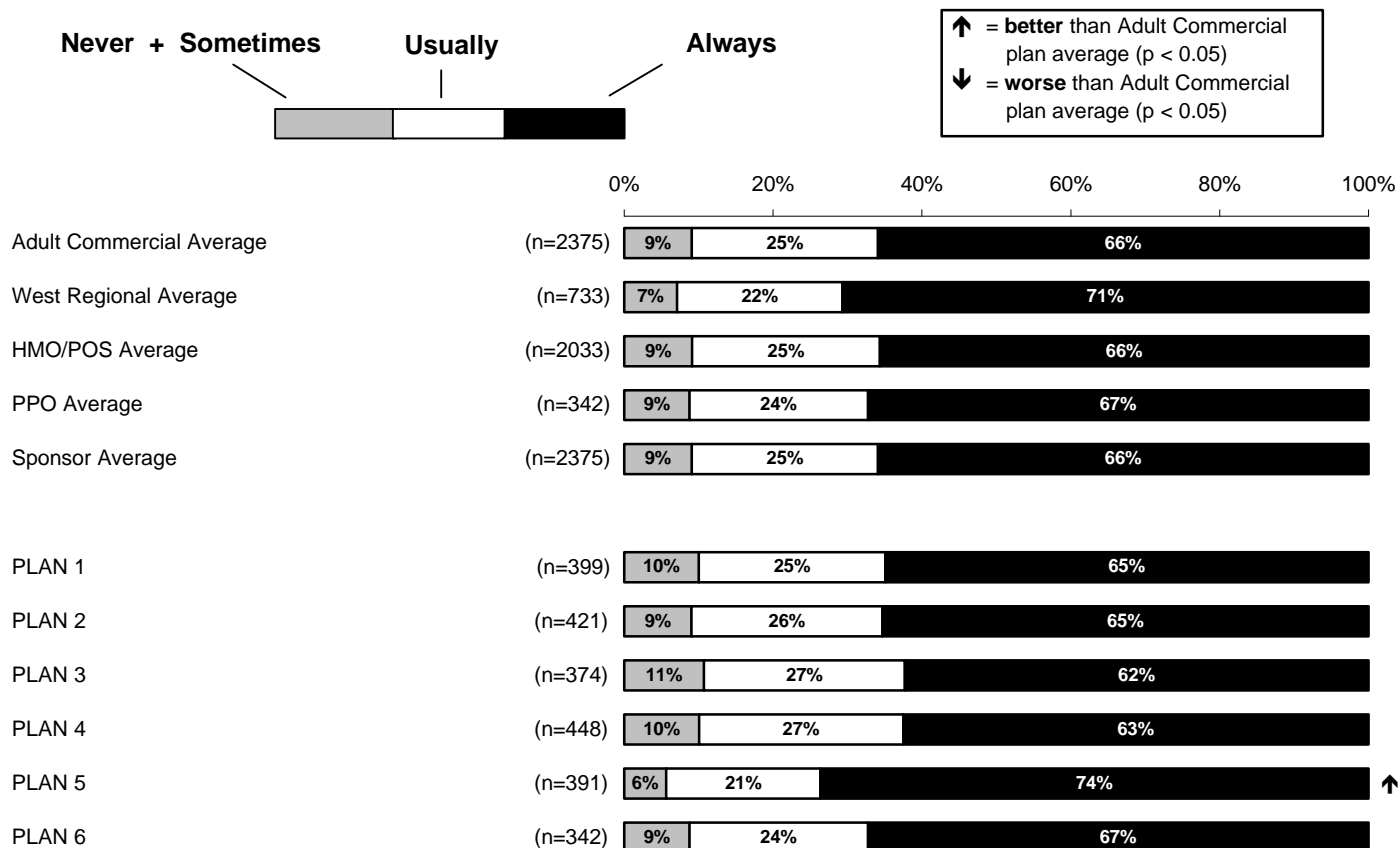
Getting Care Without Long Waits

This chart displays the data for "Getting Care Without Long Waits", an aggregate of survey questions 15, 17, 20, and 26. Results for the individual questions are displayed on each of the following pages.



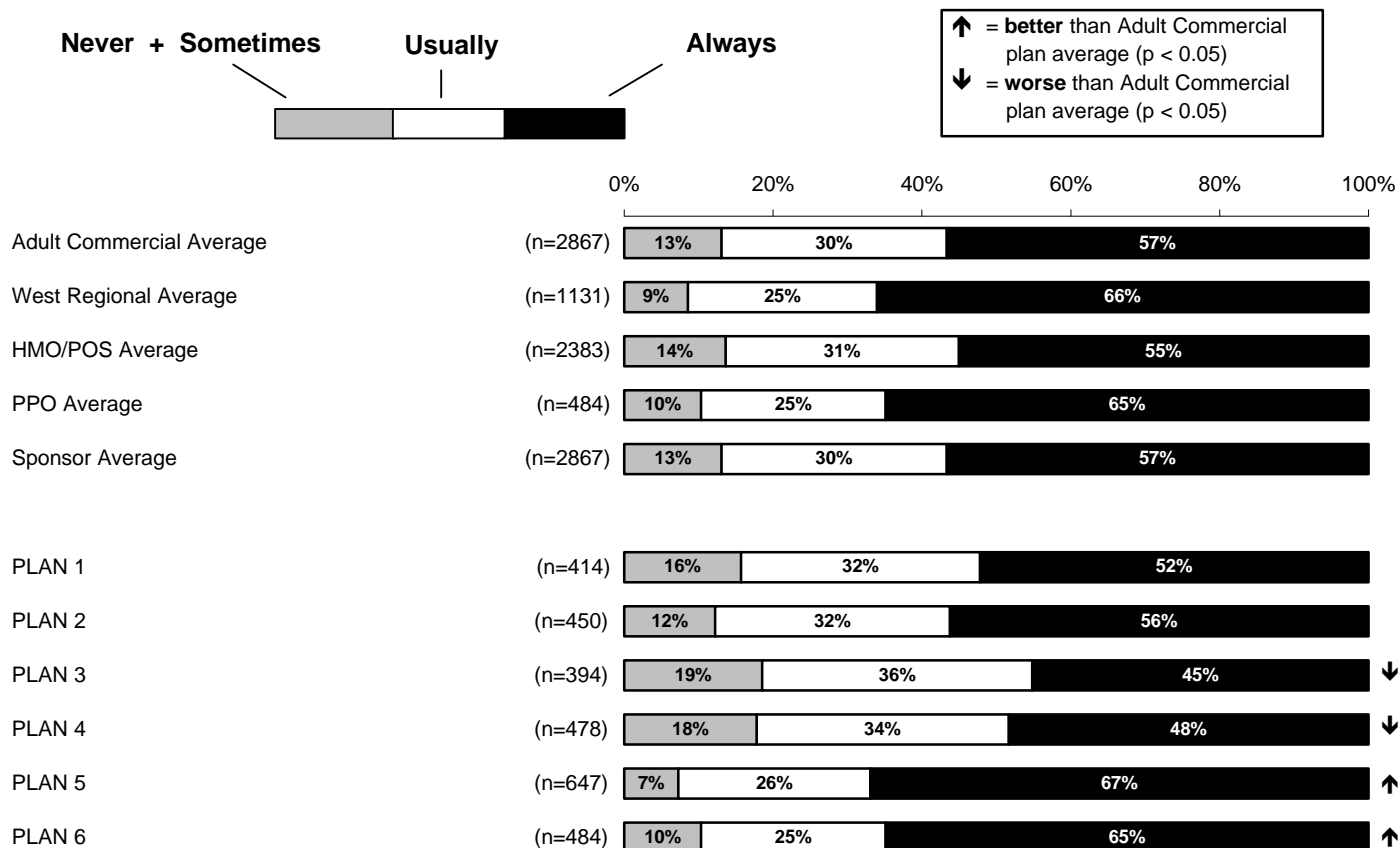
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q15. Of those respondents who called a doctor's office or clinic to get help or advice: "In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?"



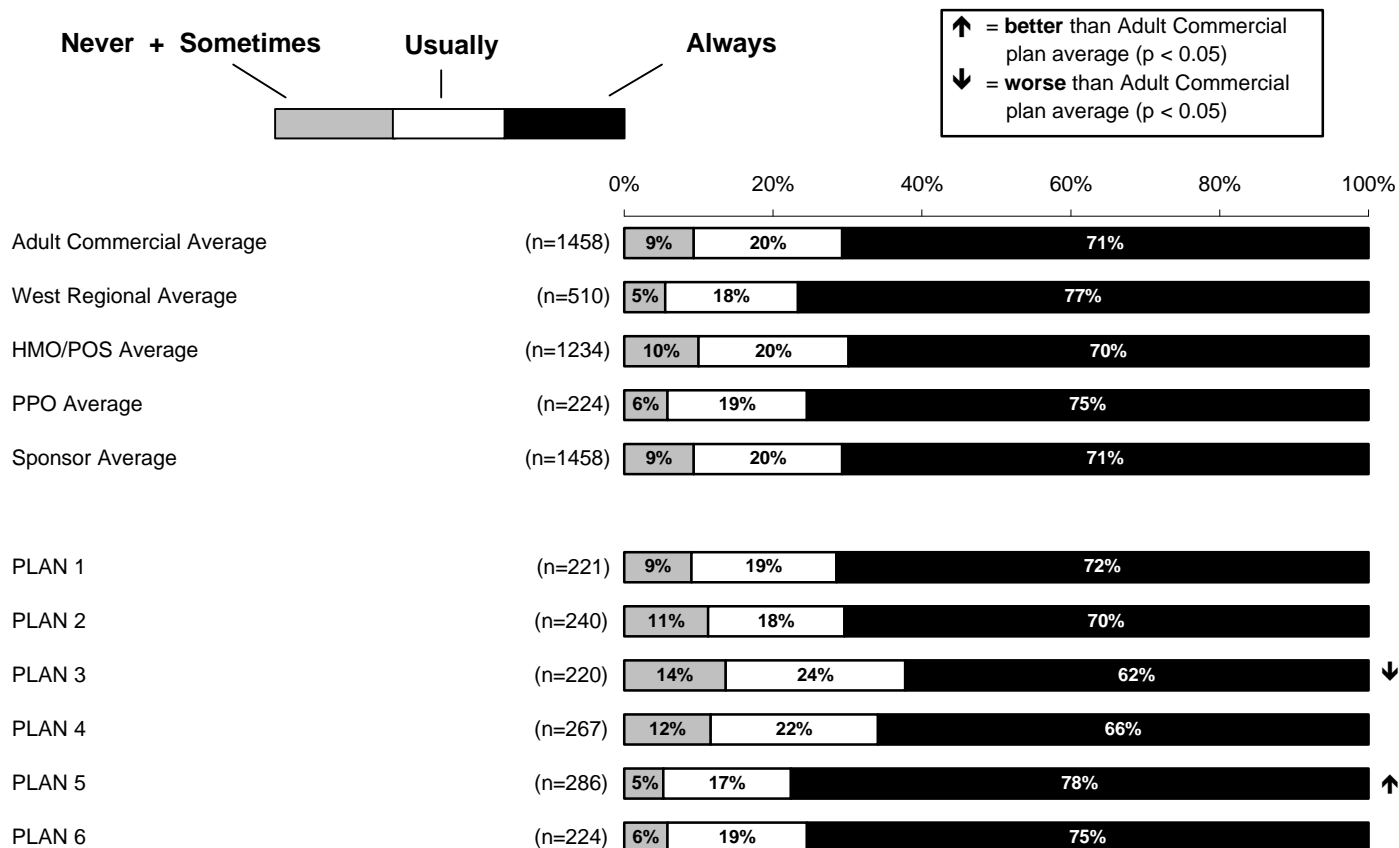
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q17. Of those respondents who made an appointment for regular or routine care: "In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?"



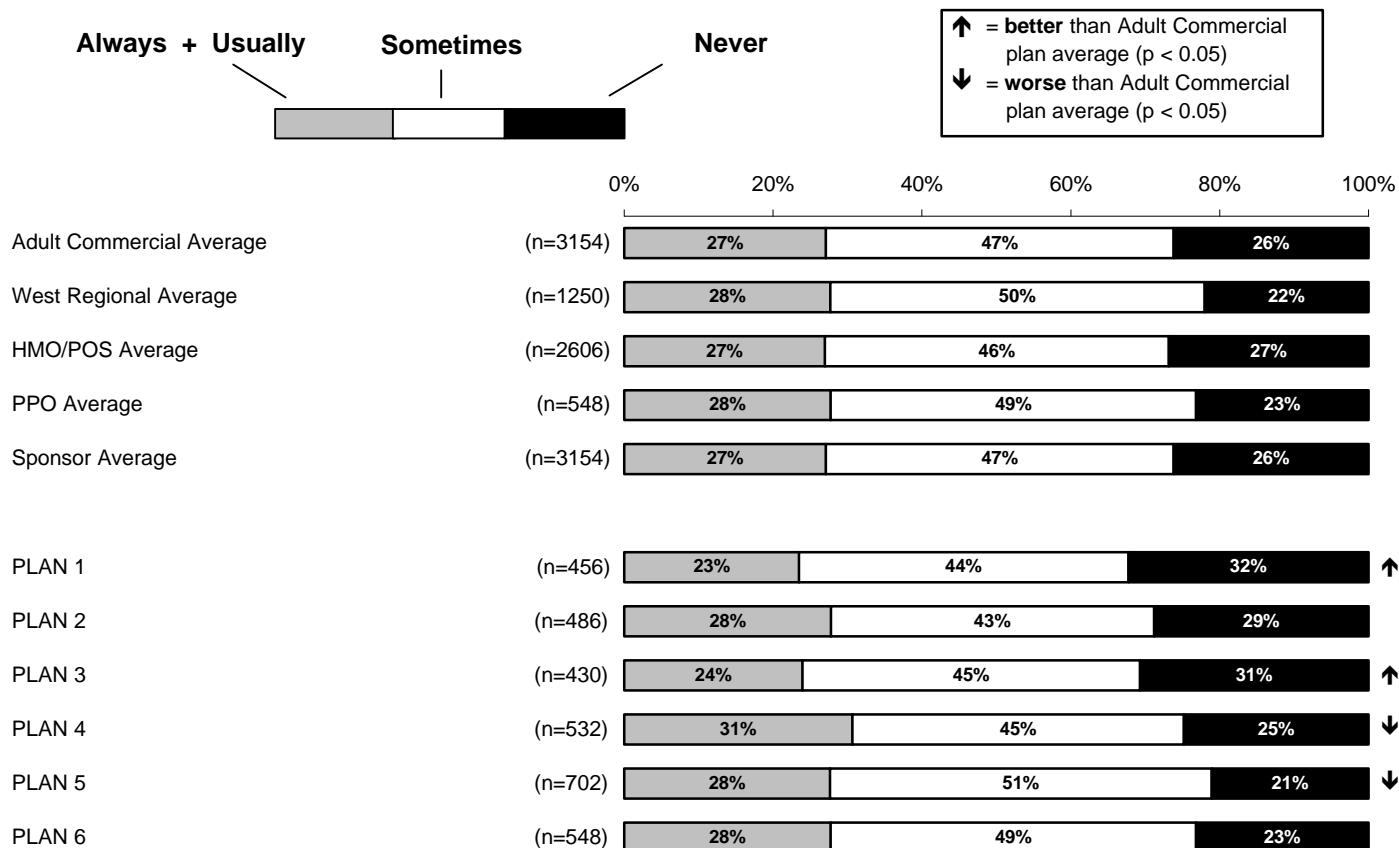
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q20. Of those respondents who had an injury or illness that needed care right away: "In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

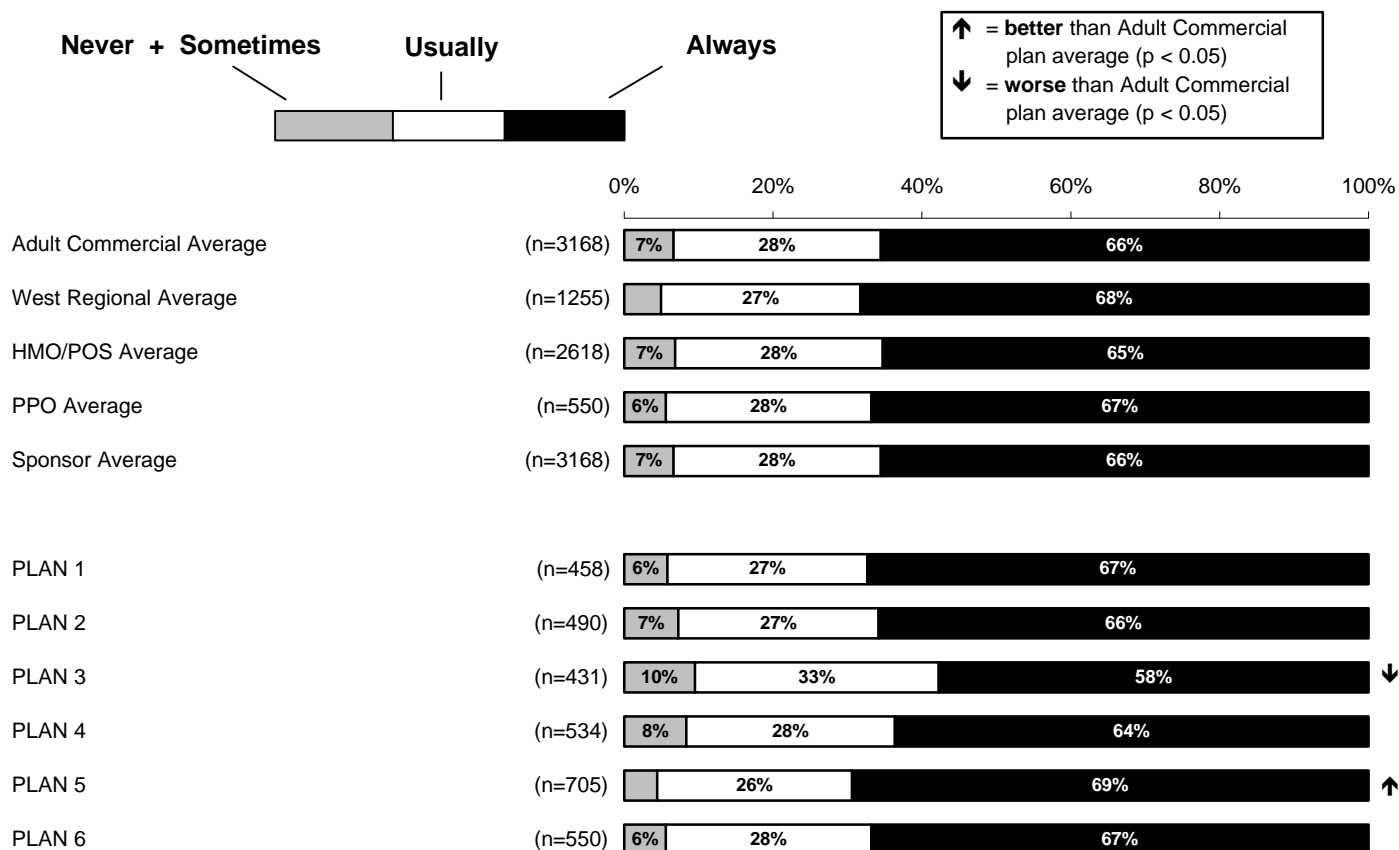
Q26. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

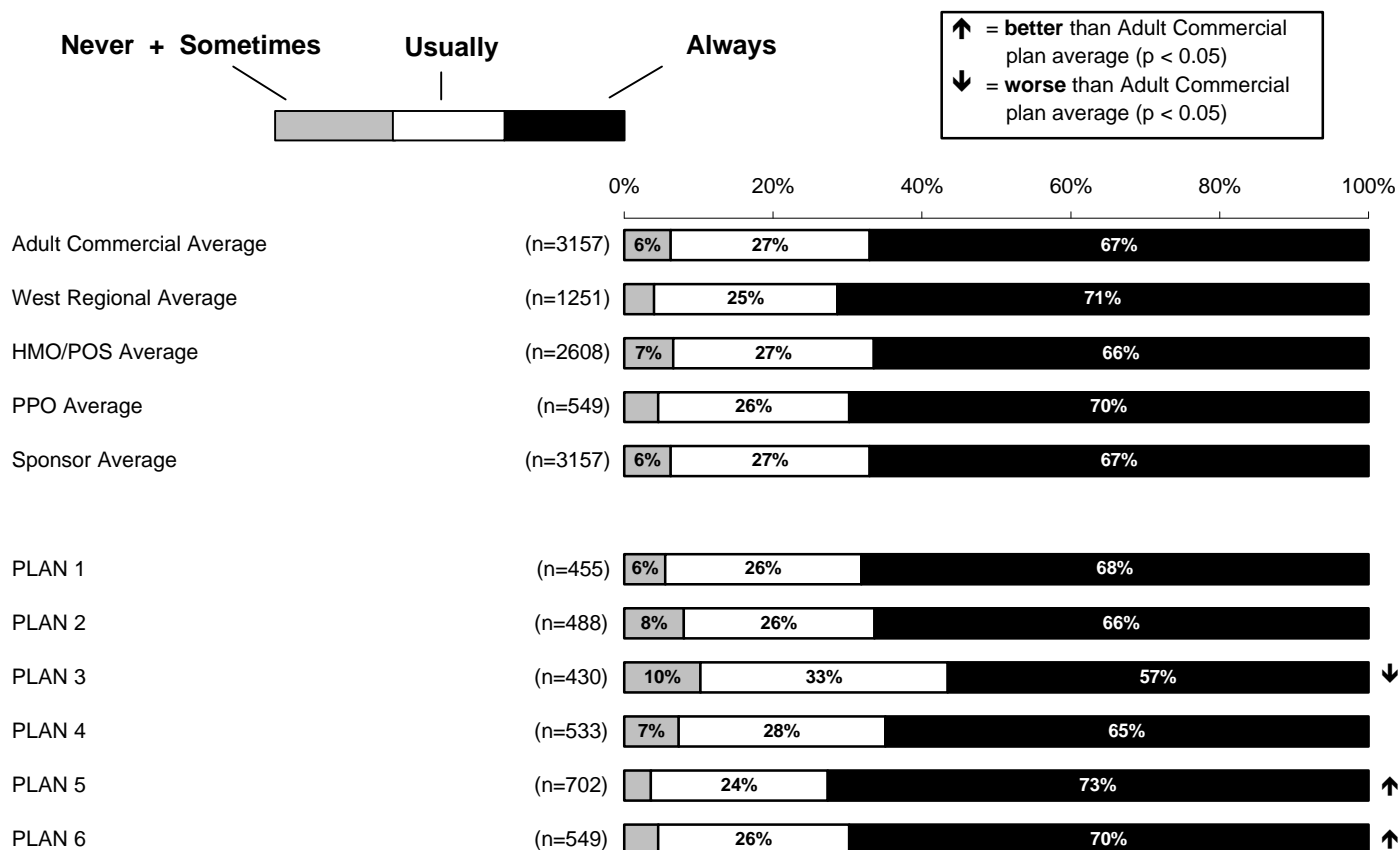
Doctors Who Communicate Well

This chart displays the data for "Doctors Who Communicate Well", an aggregate of survey questions 29, 30, 31 and 32. Results for the individual questions are displayed on each of the following pages.



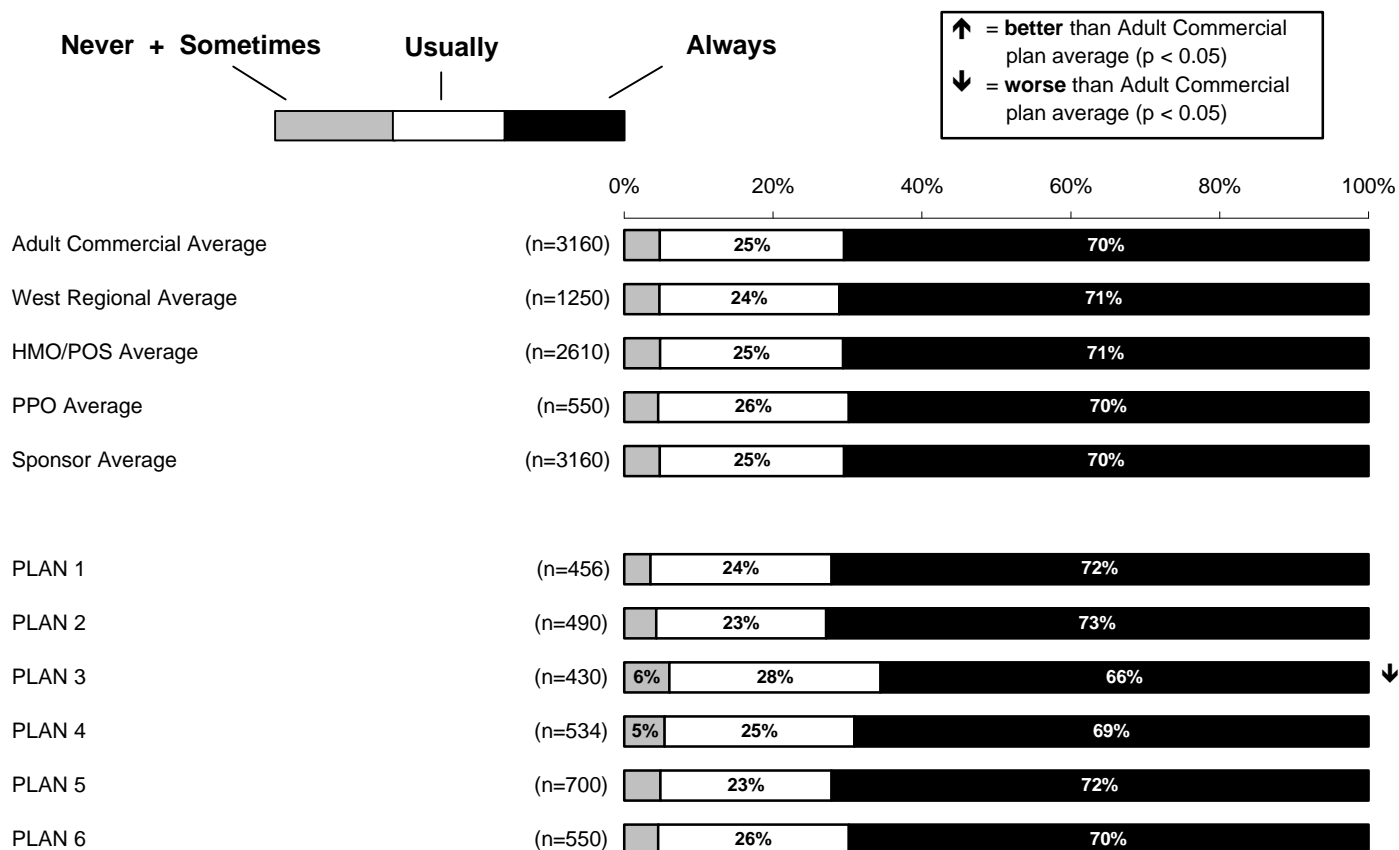
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q29. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how often did doctors or other health providers listen carefully to you?"



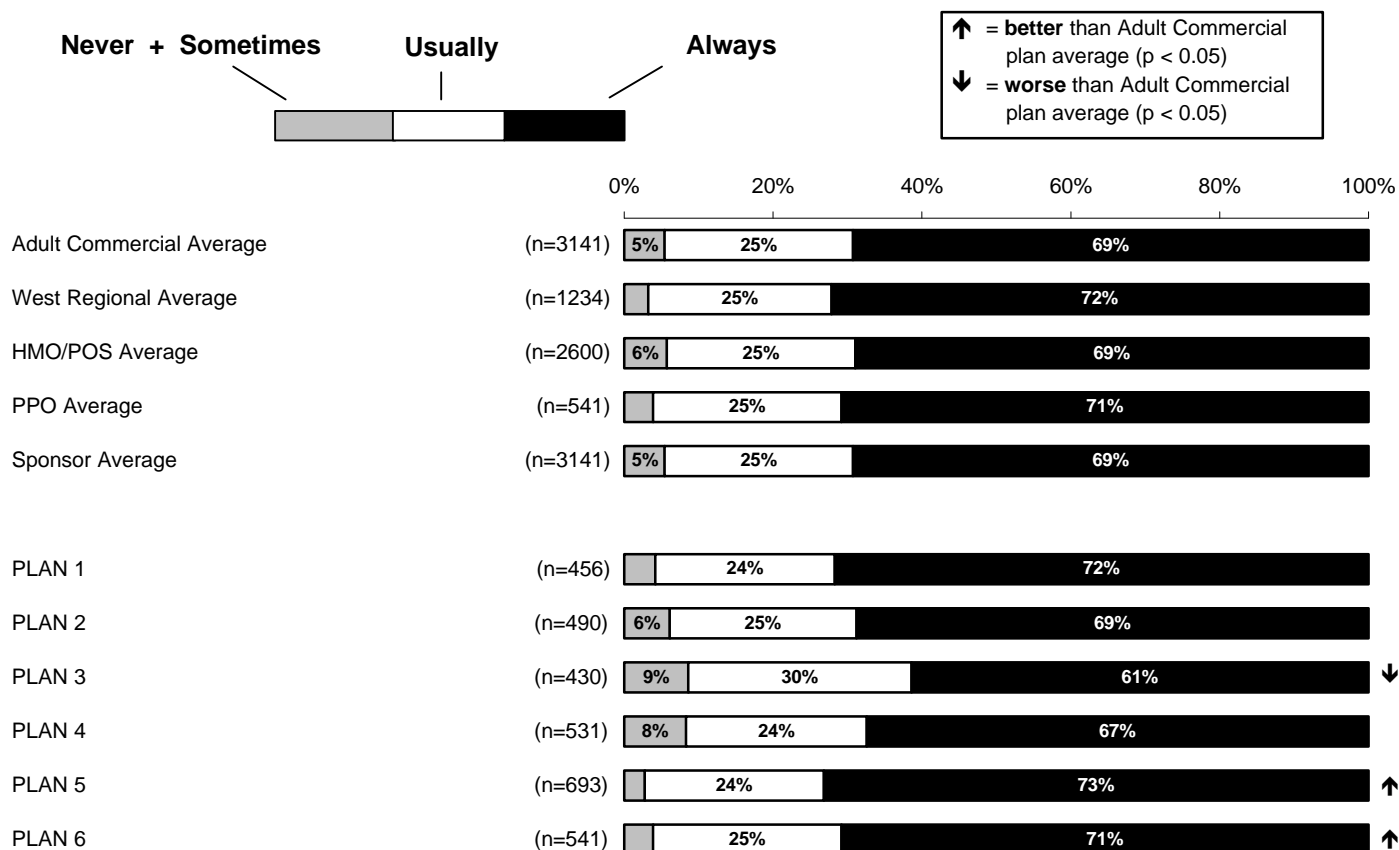
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q30. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?"



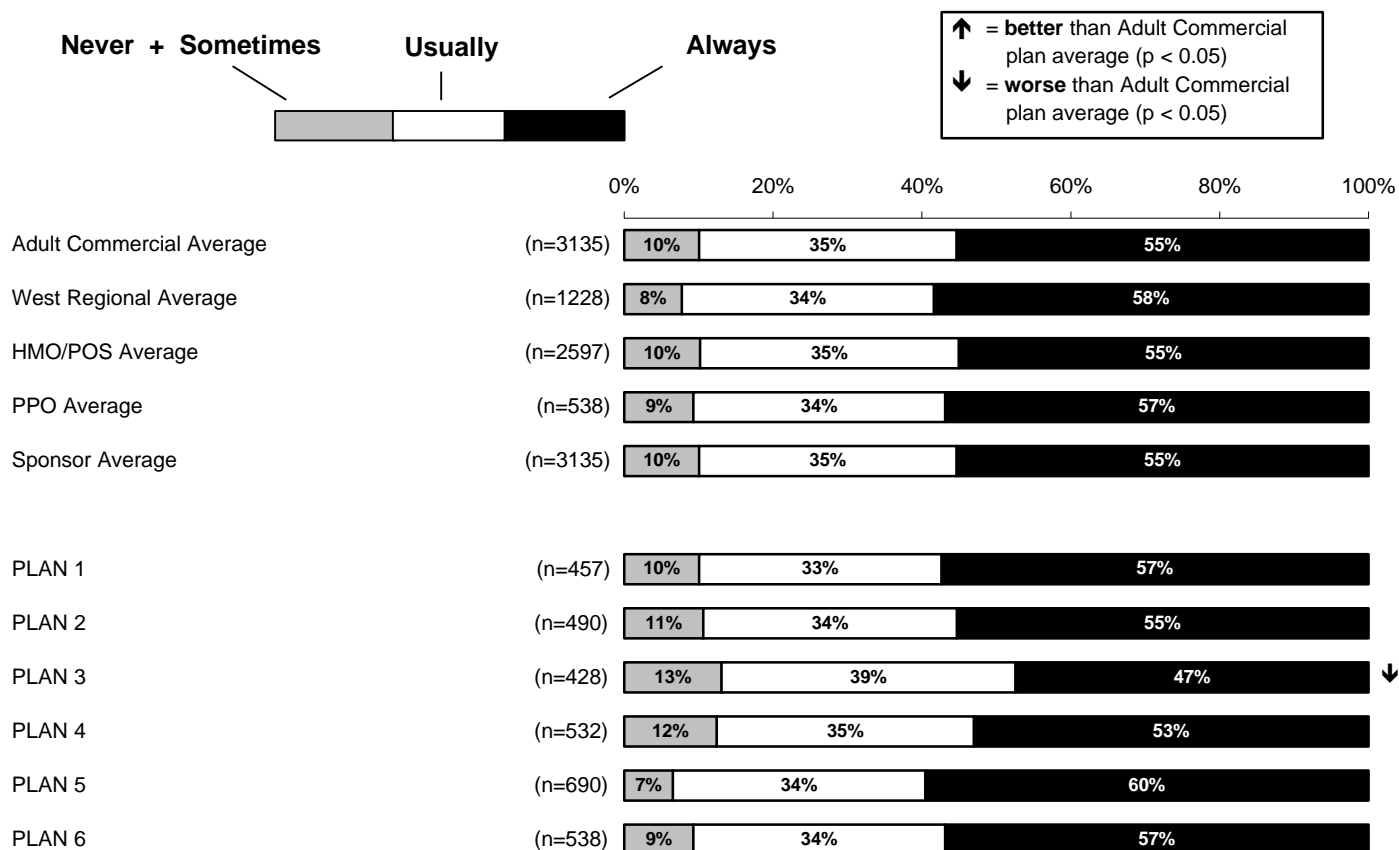
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q31. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how often did doctors or other health providers show respect for what you had to say?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

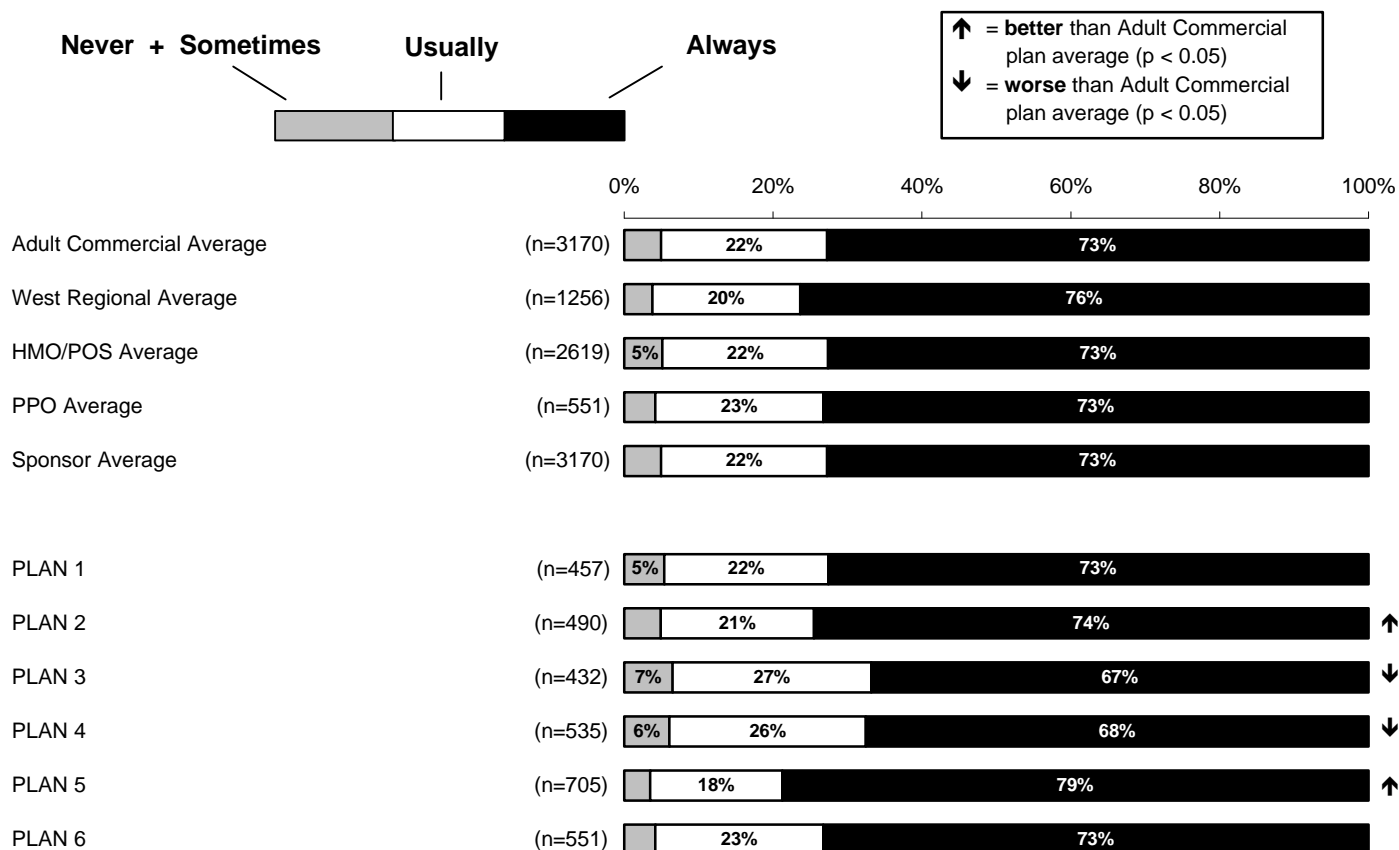
Q32. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how often did doctors or other health providers spend enough time with you?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

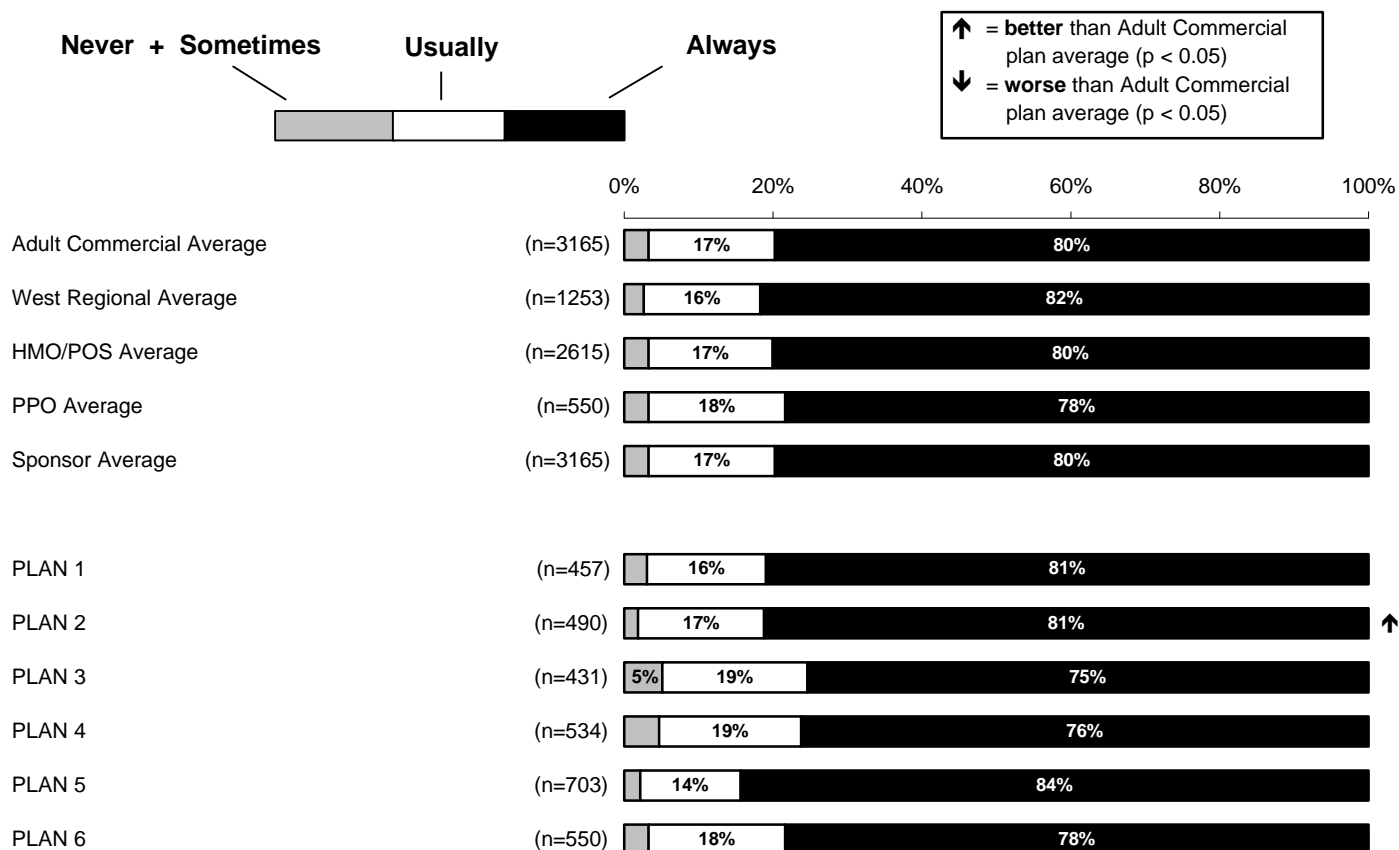
Courteous and Helpful Office Staff

This chart displays the data for "Courteous and Helpful Office Staff", an aggregate of survey questions 27 and 28. Results for the individual questions are displayed on each of the following pages.



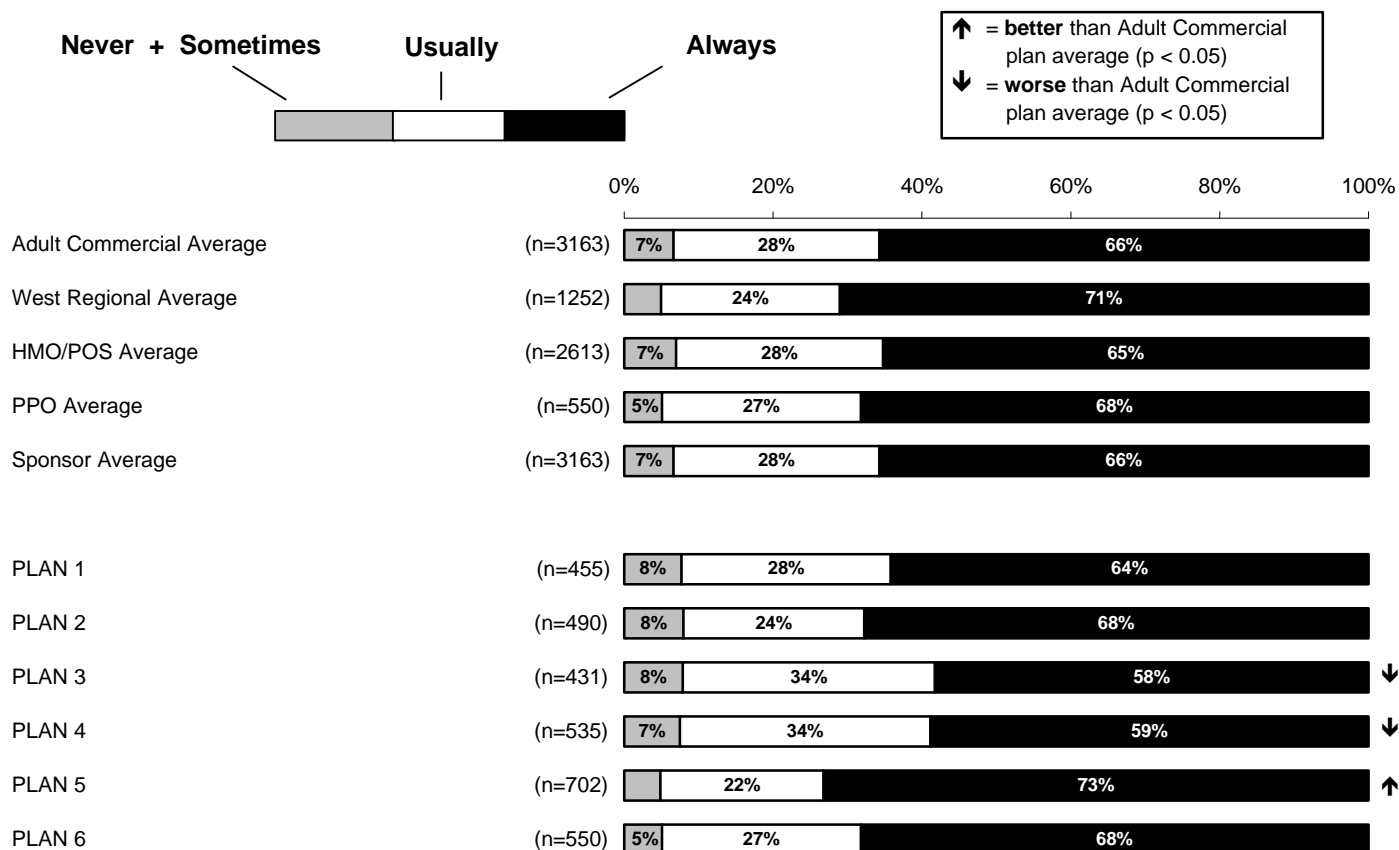
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q27. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

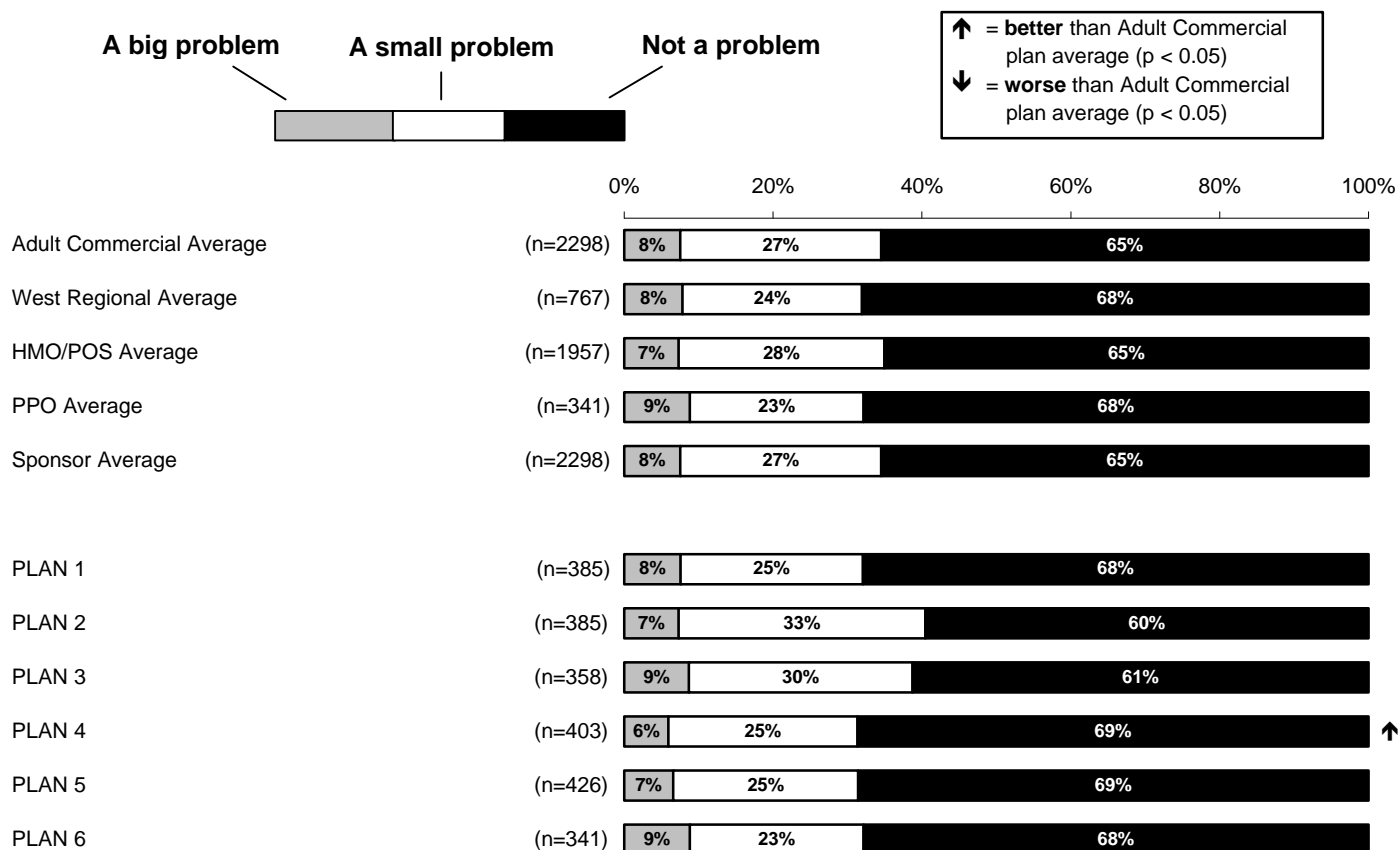
Q28. Of those respondents who went to a doctor's office or clinic: "In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

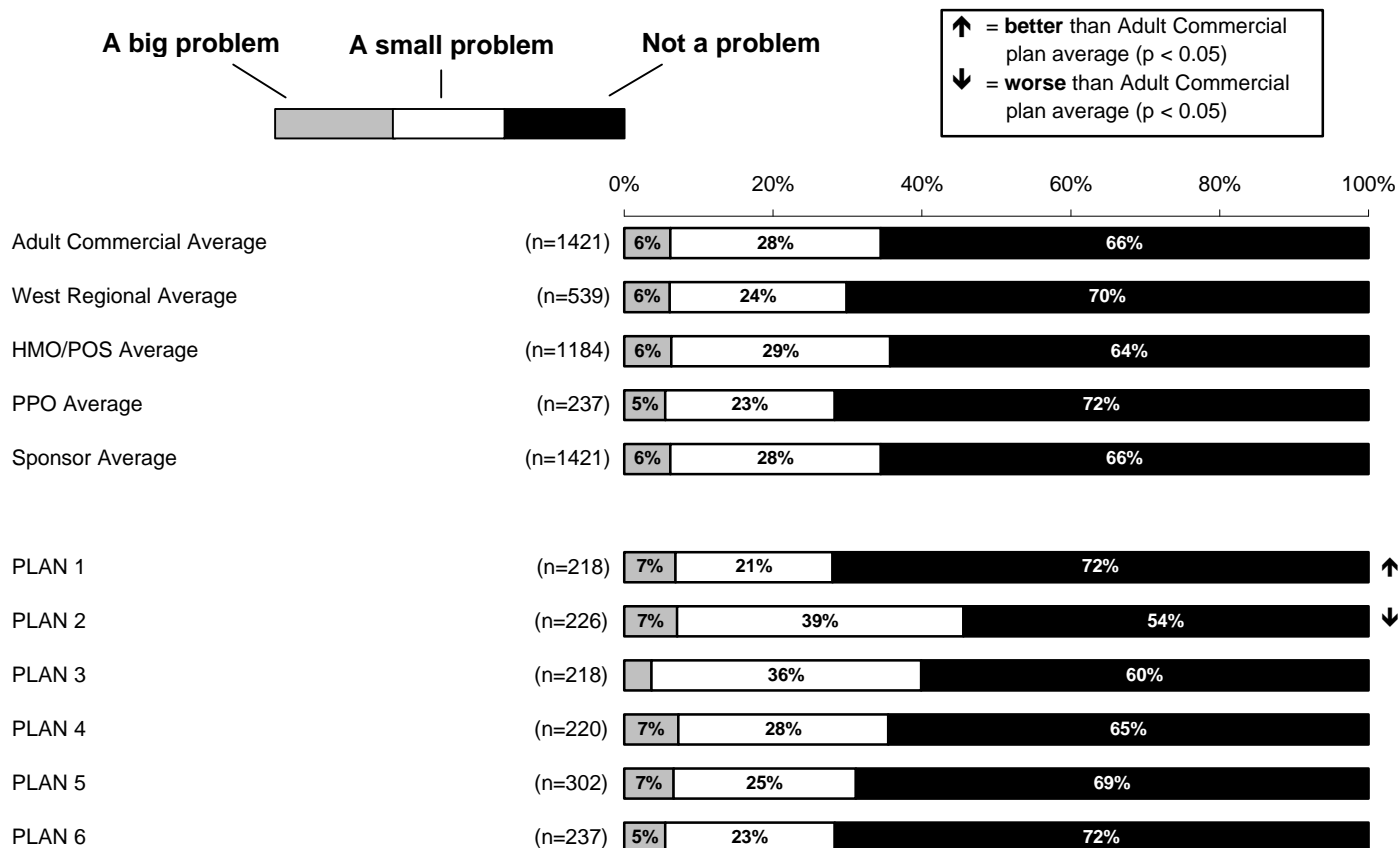
Customer Service

This chart displays the data for "Customer Service", an aggregate of survey questions 39, 41, and 46. Results for the individual questions are displayed on each of the following pages.



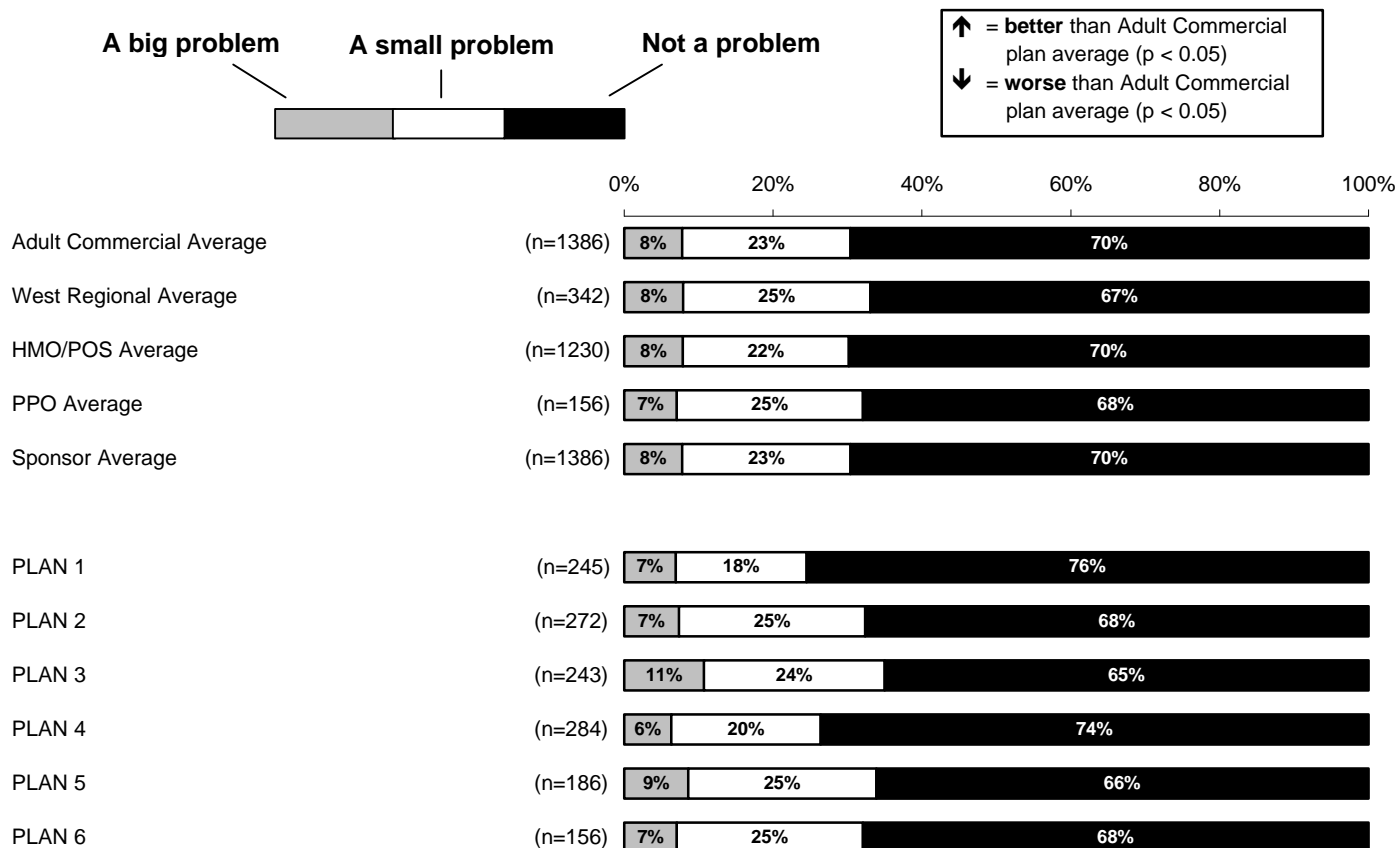
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q39. Of those respondents who looked for information in written materials: "In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?"



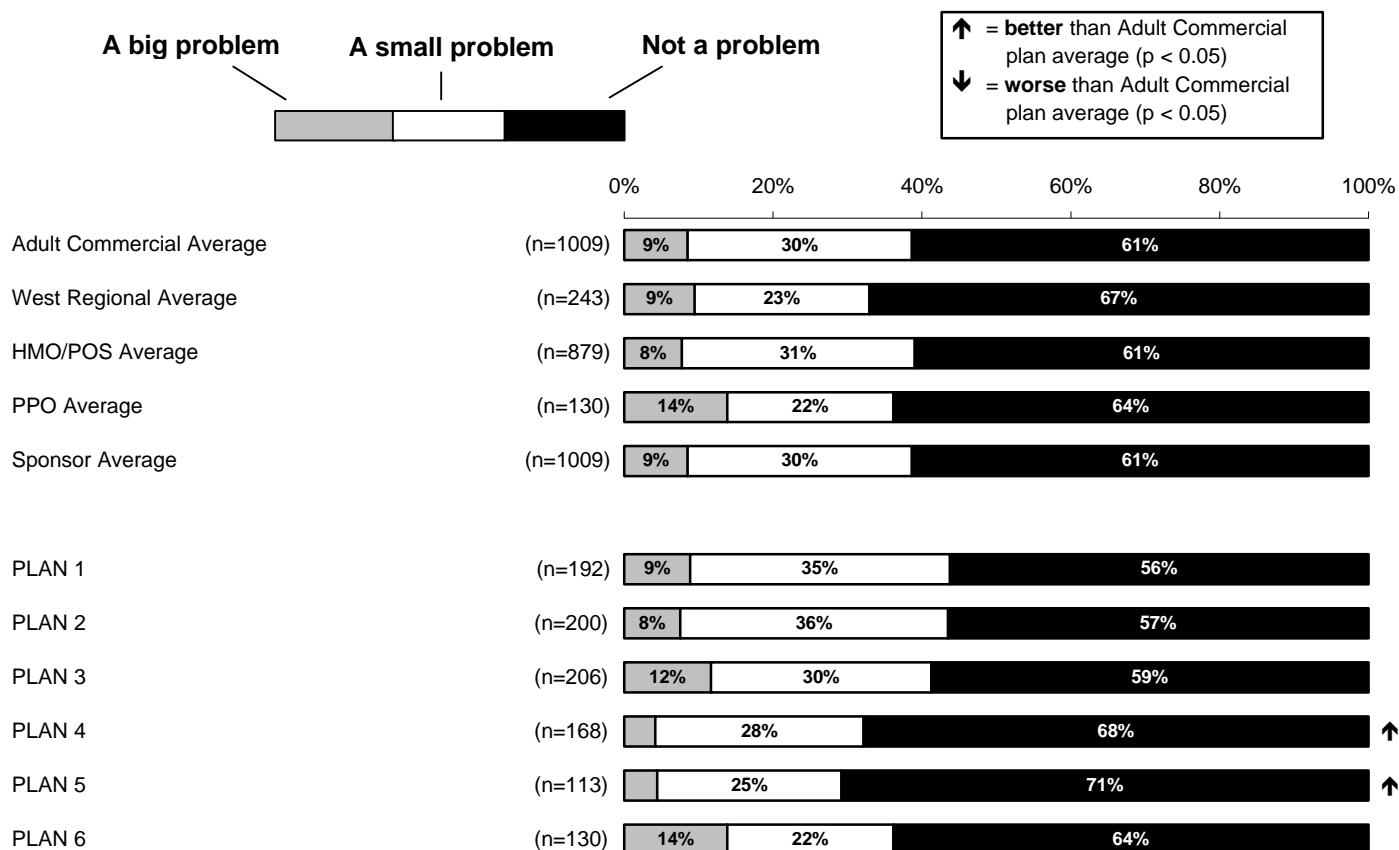
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q41. Of those respondents who called their health plan's customer service to get information or help: "In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

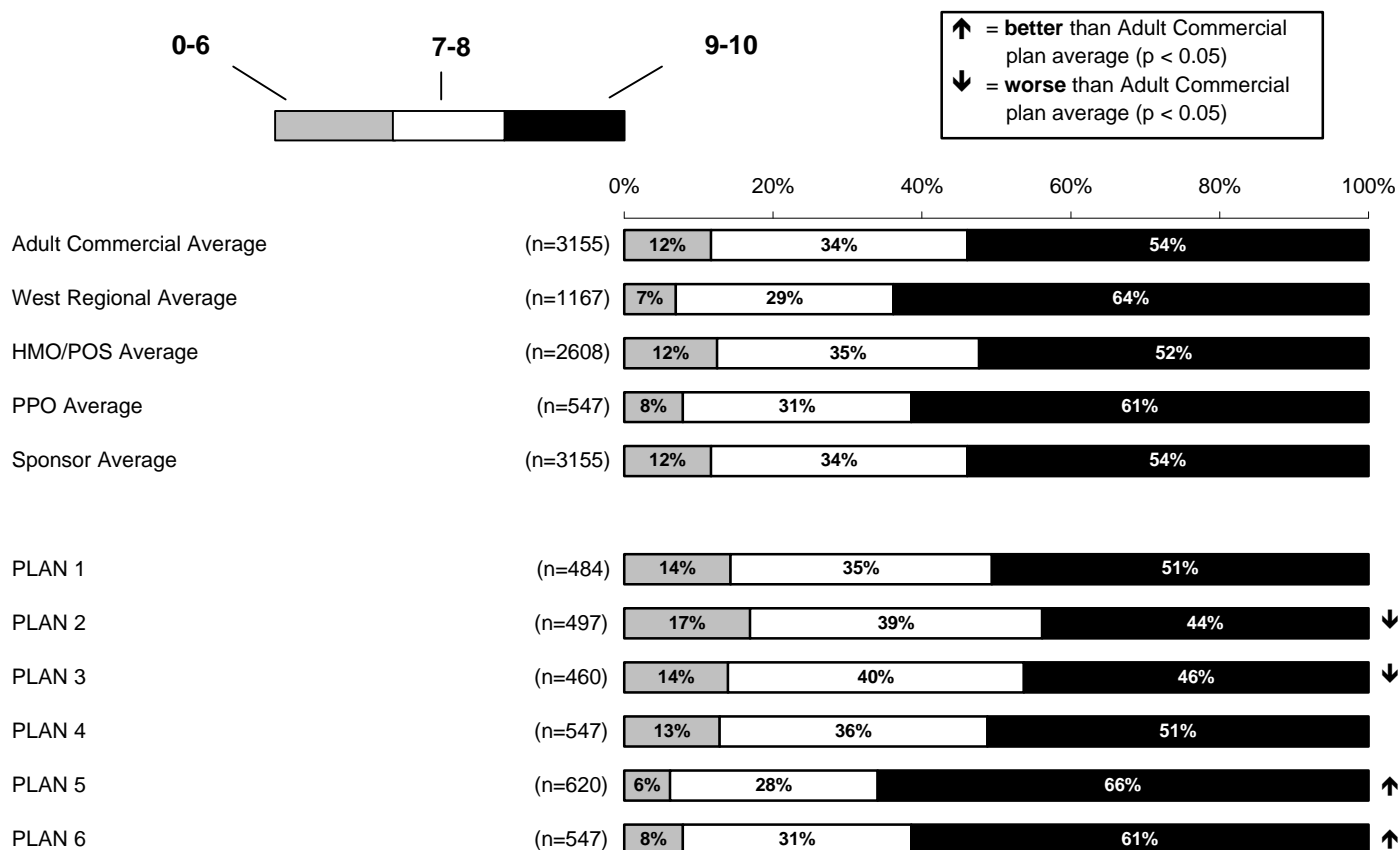
Q46. Of those respondents who had experiences with paperwork for their health plan: "In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Overall Rating of Personal Doctor

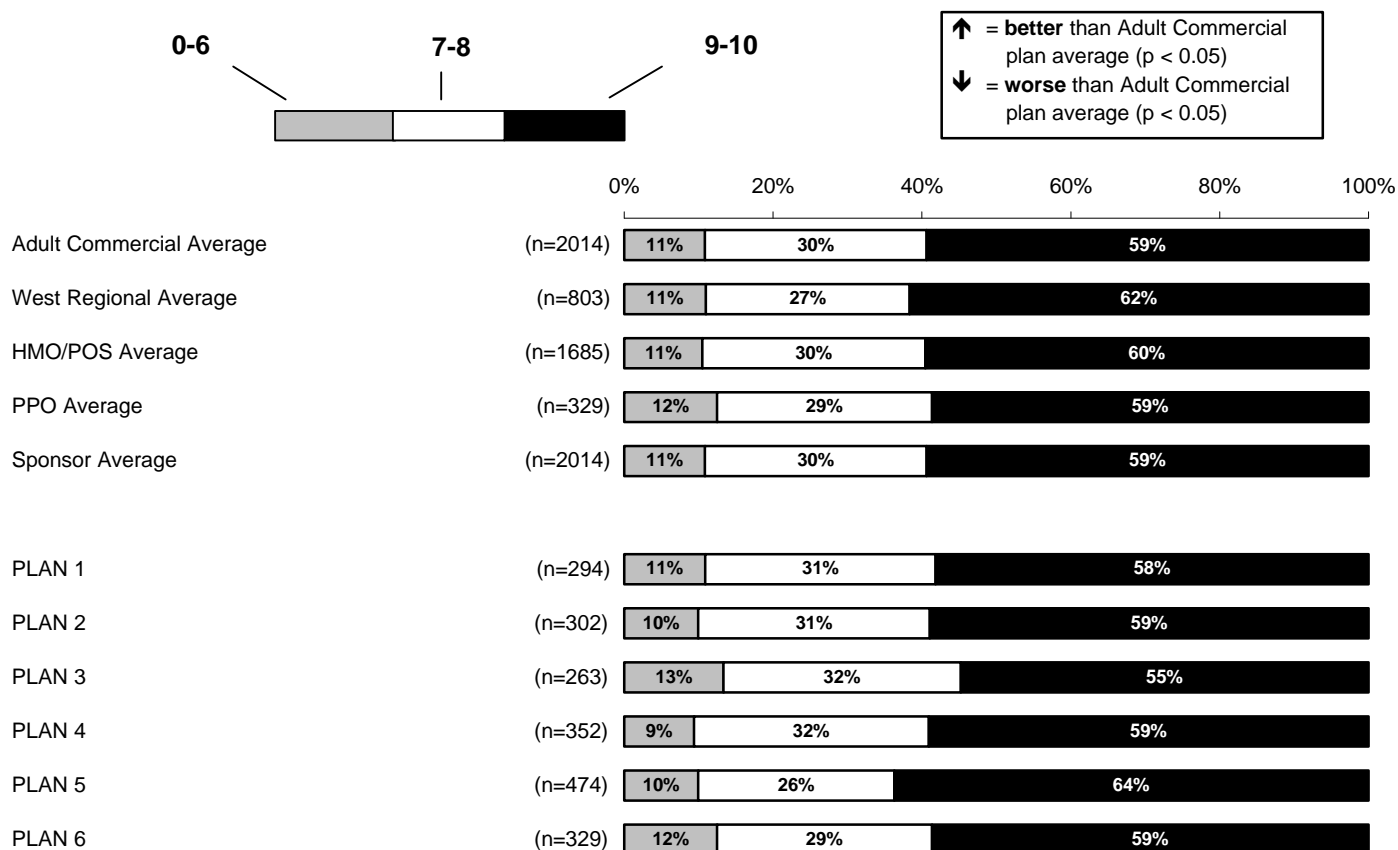
Q8. Of those respondents who reported having a personal doctor or nurse: "Use any number from 0 to 10, where 0 is the worst personal doctor or nurse possible, and 10 is the best. How would you rate your personal doctor or nurse now?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Overall Rating of Specialists

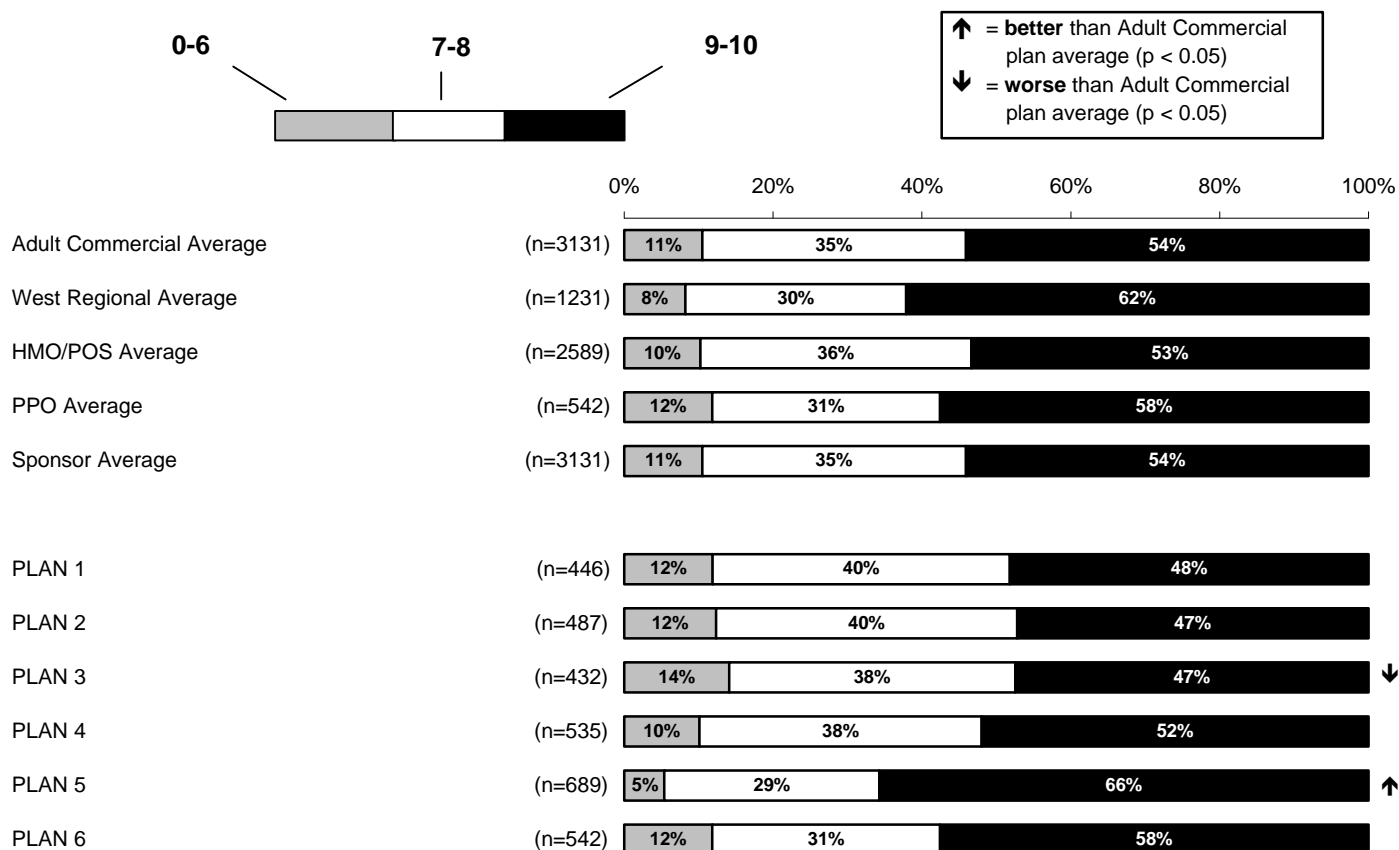
Q12. Of those respondents who reported seeing a specialist: "Use any number from 0 to 10, where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Overall Rating of Health Care

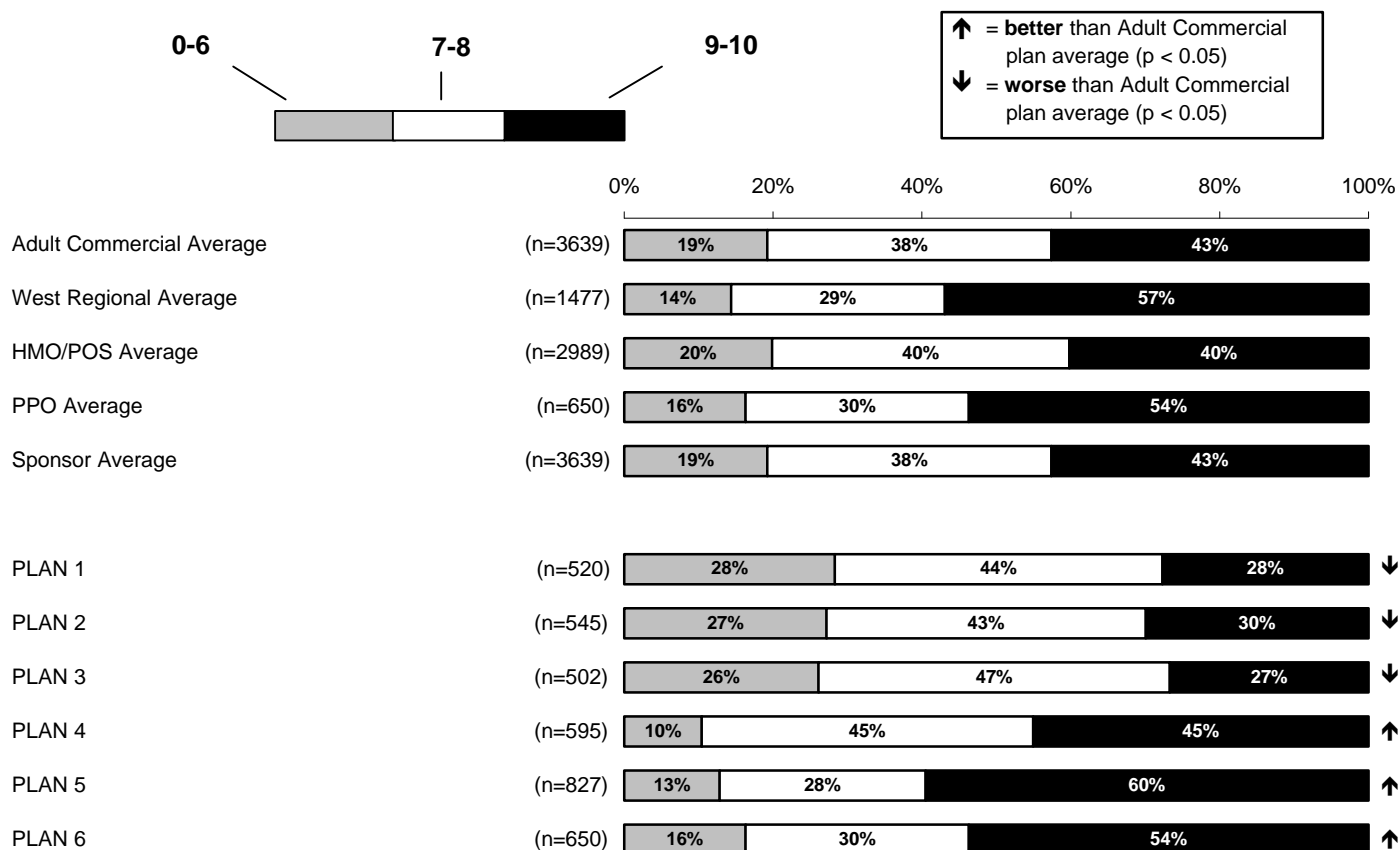
Q33. Use any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all of your health care?



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

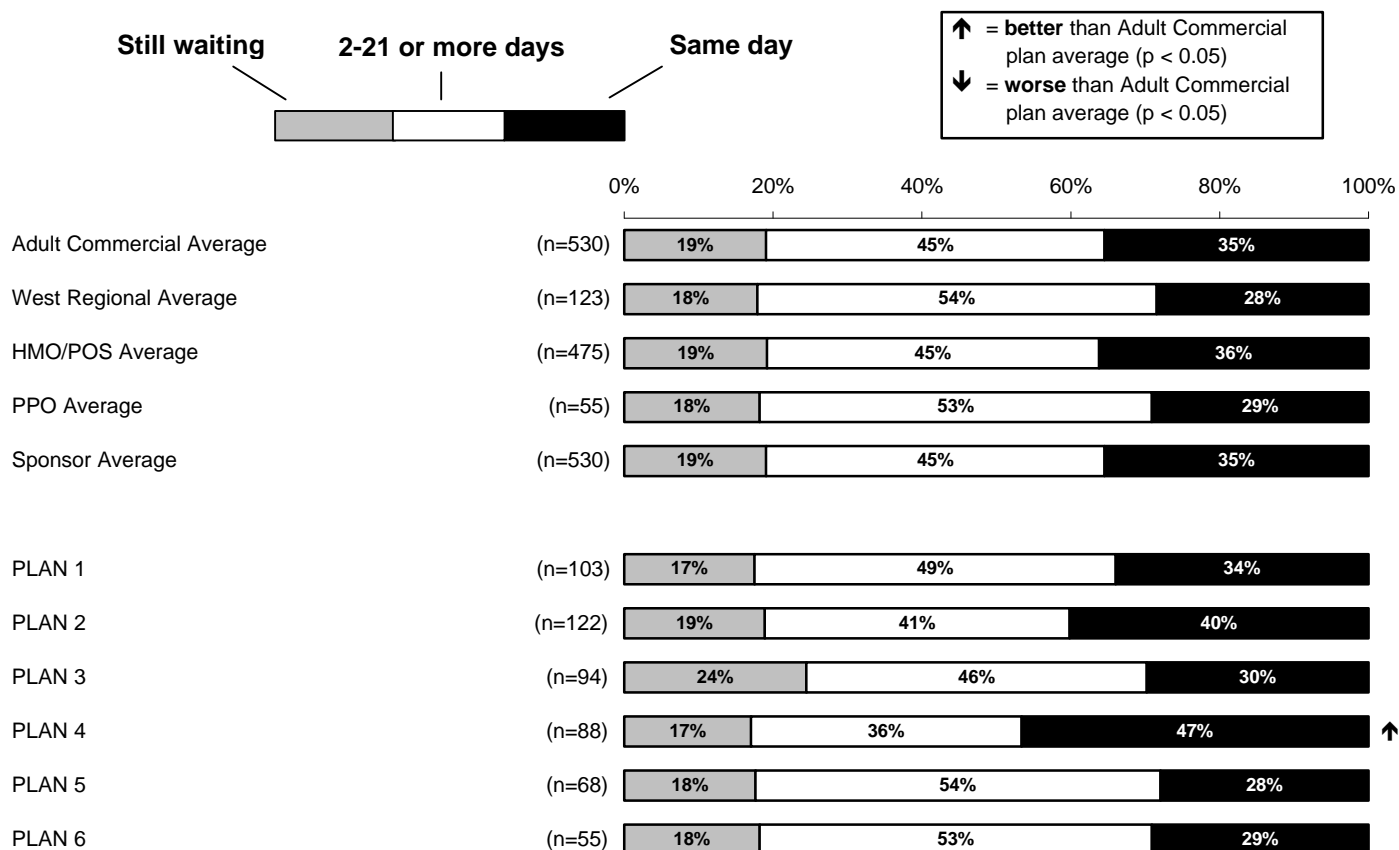
Overall Rating of Health Plan

Q47. Use any number from 0 to 10, where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?



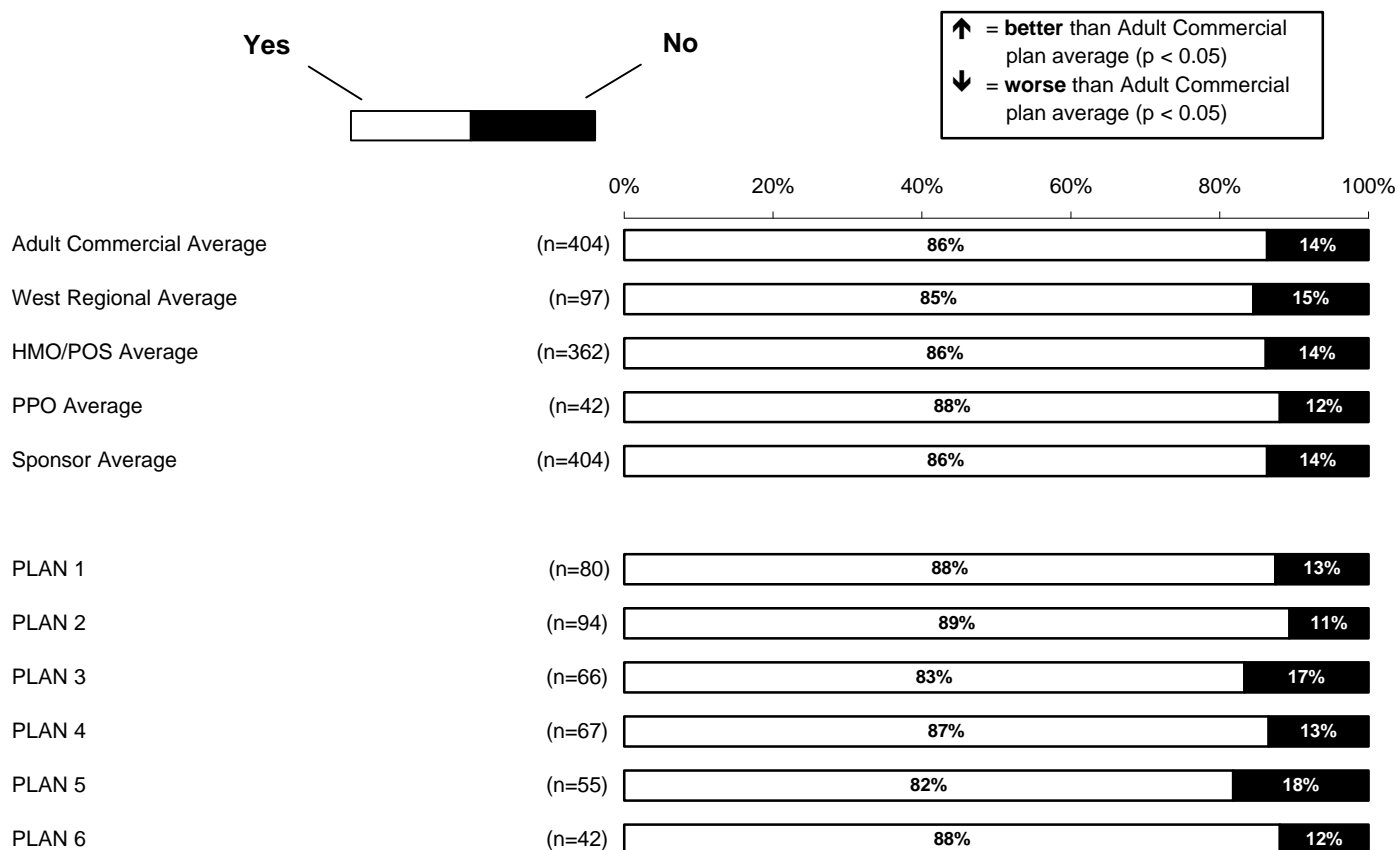
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q43. Of those respondents who called or wrote their health plan with a complaint or problem: "How long did it take for the health plan to resolve your complaint?"



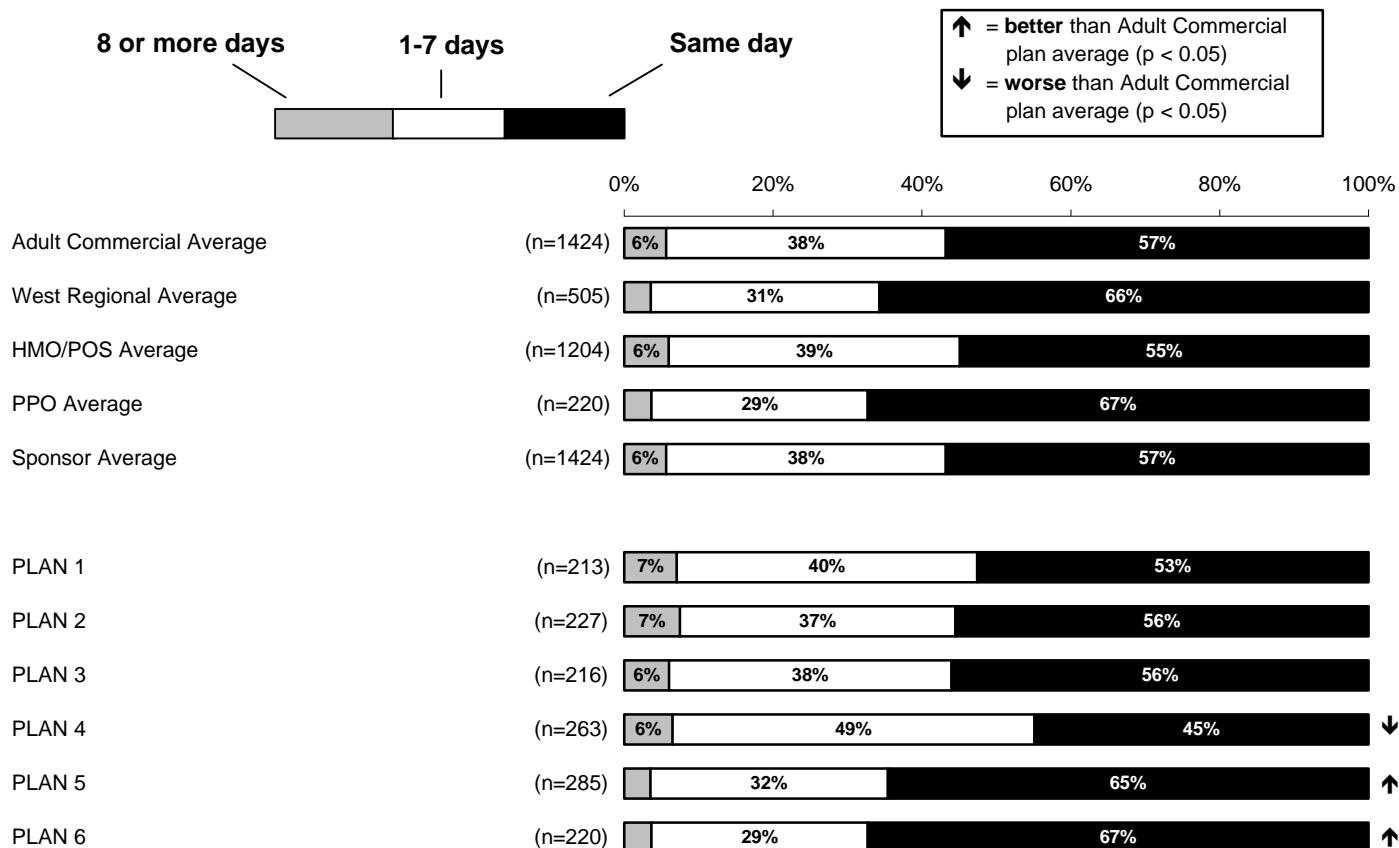
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q44. Of those respondents whose complaint or problem was resolved: "Was your complaint or problem settled to your satisfaction?"



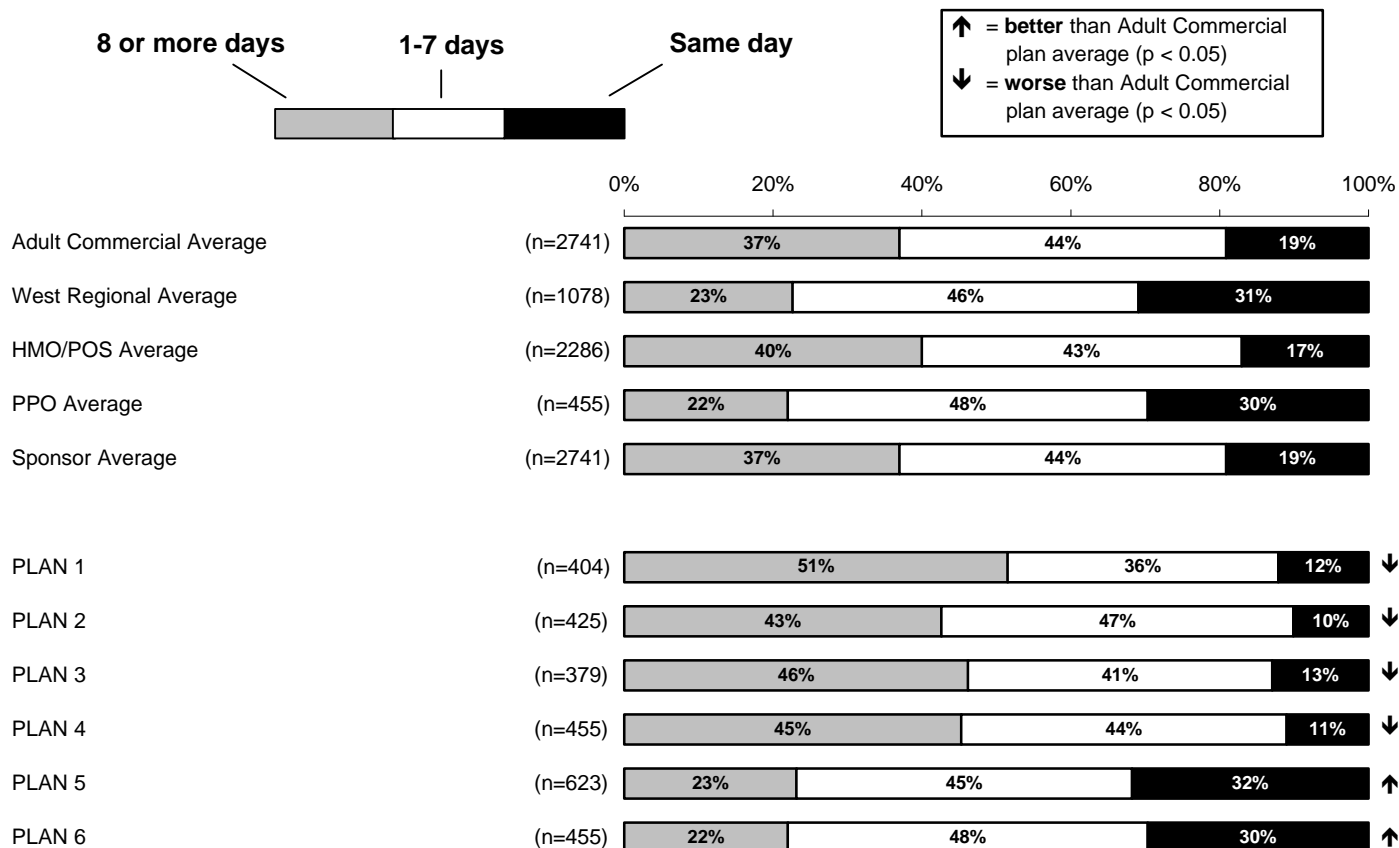
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q21. Of those respondents who had an injury or illness that needed care right away: "In the last 12 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?"



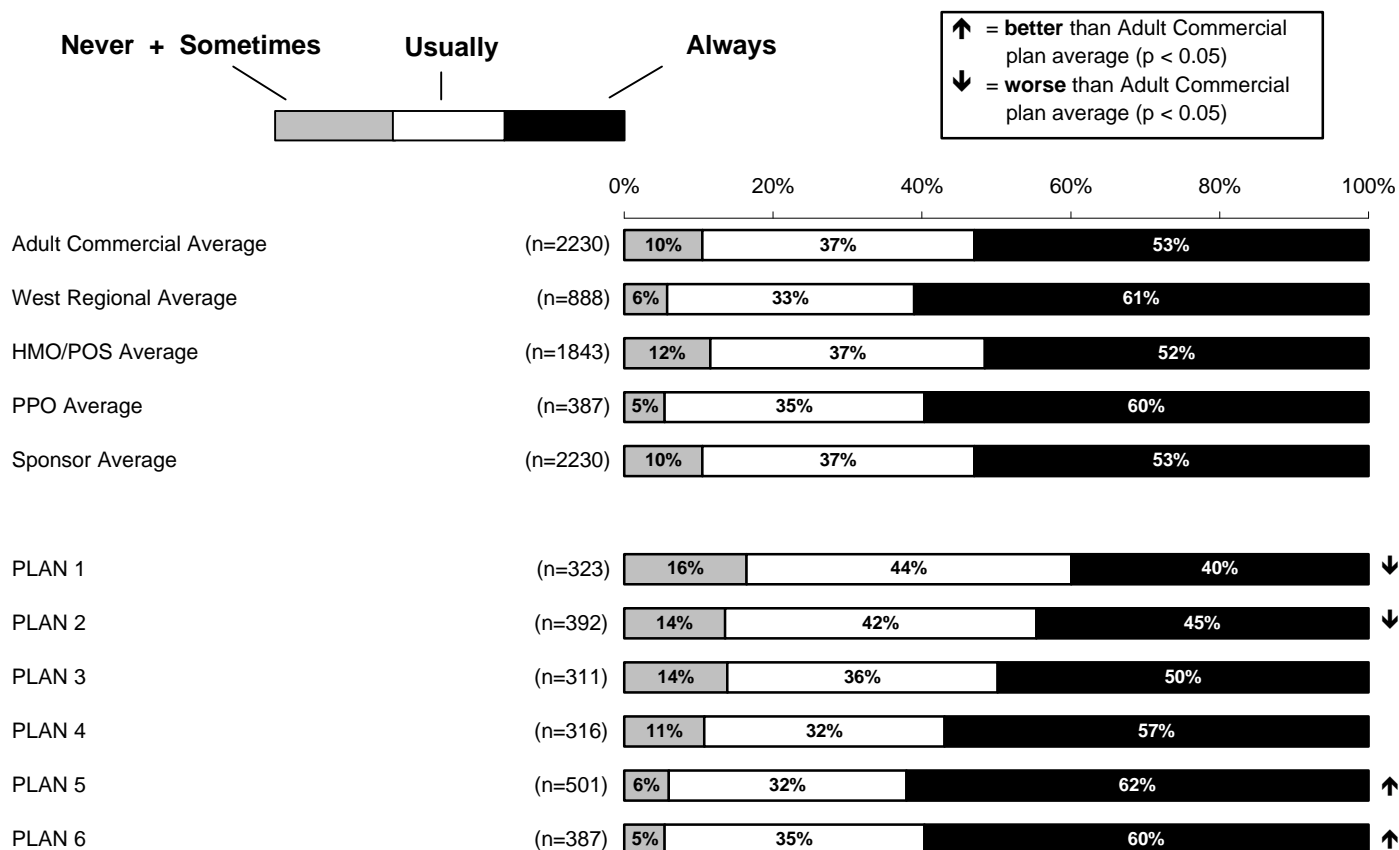
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q18. Of those respondents who made an appointment for regular or routine health care: "In the last 12 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?"



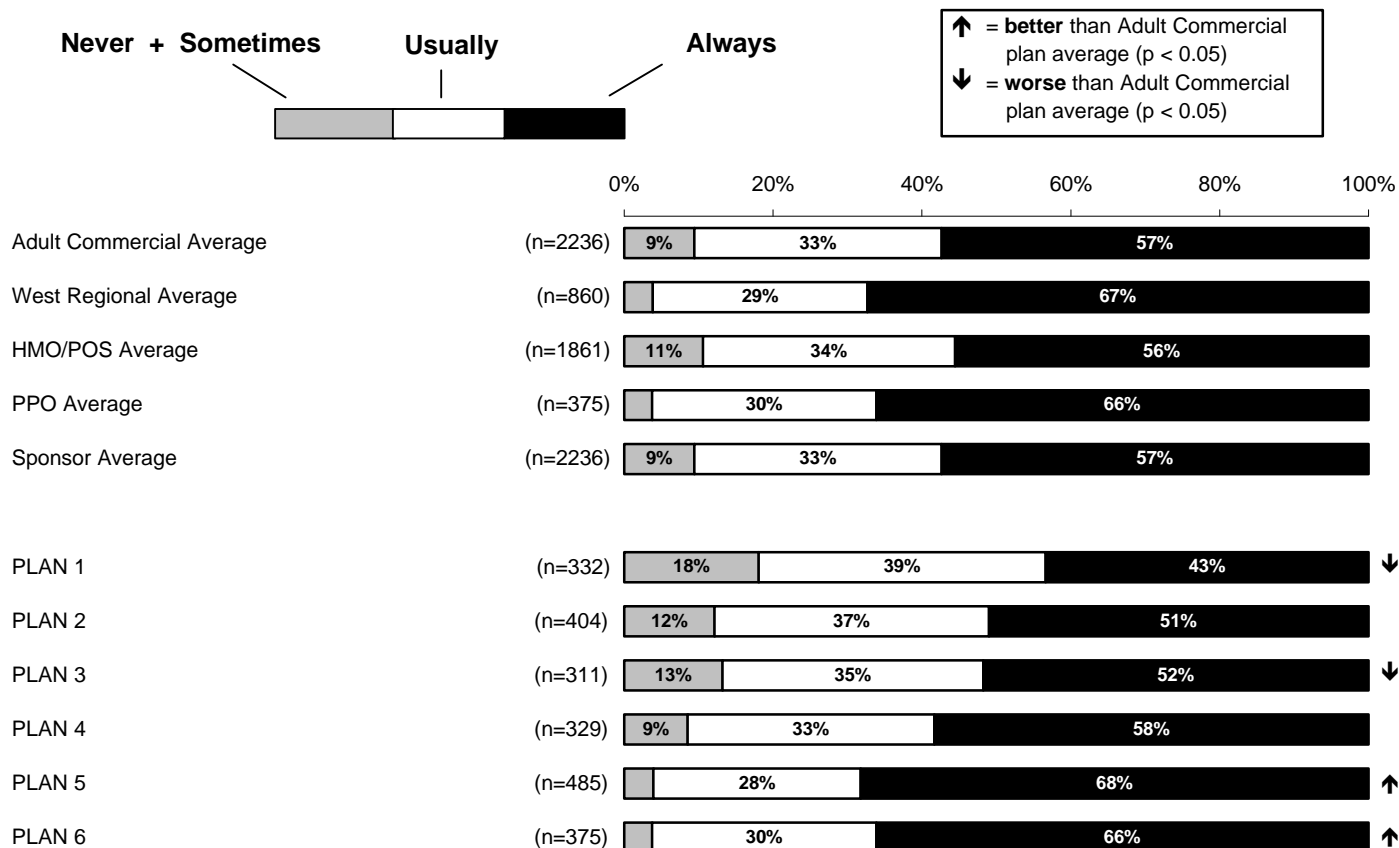
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q35. Of those respondents who sent a claim to their health plan: "In the last 12 months, how often did your health plan handle your claims in a reasonable time?"



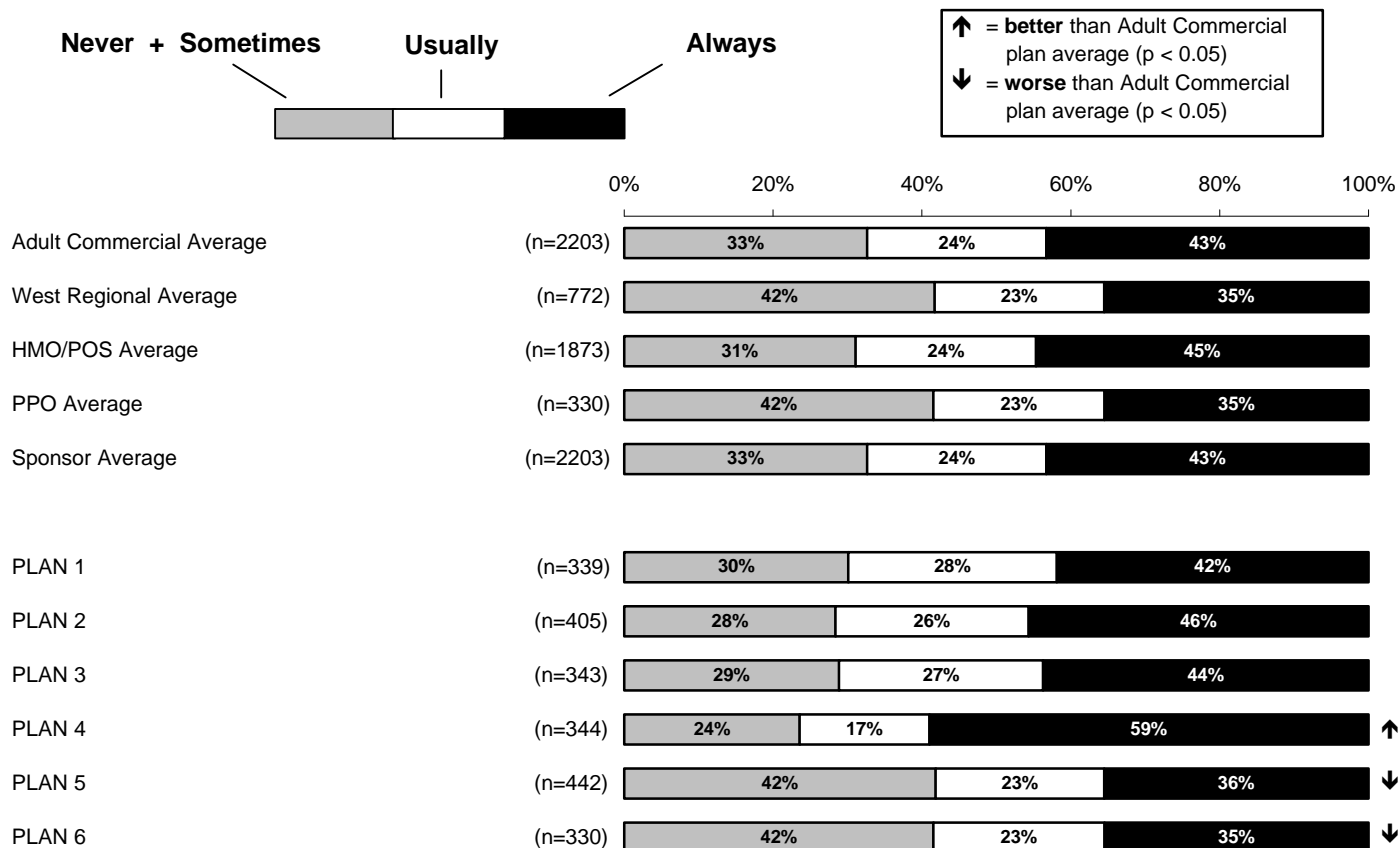
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q36. Of those respondents who sent a claim to their health plan: "In the last 12 months, how often did your health plan handle your claims correctly?"



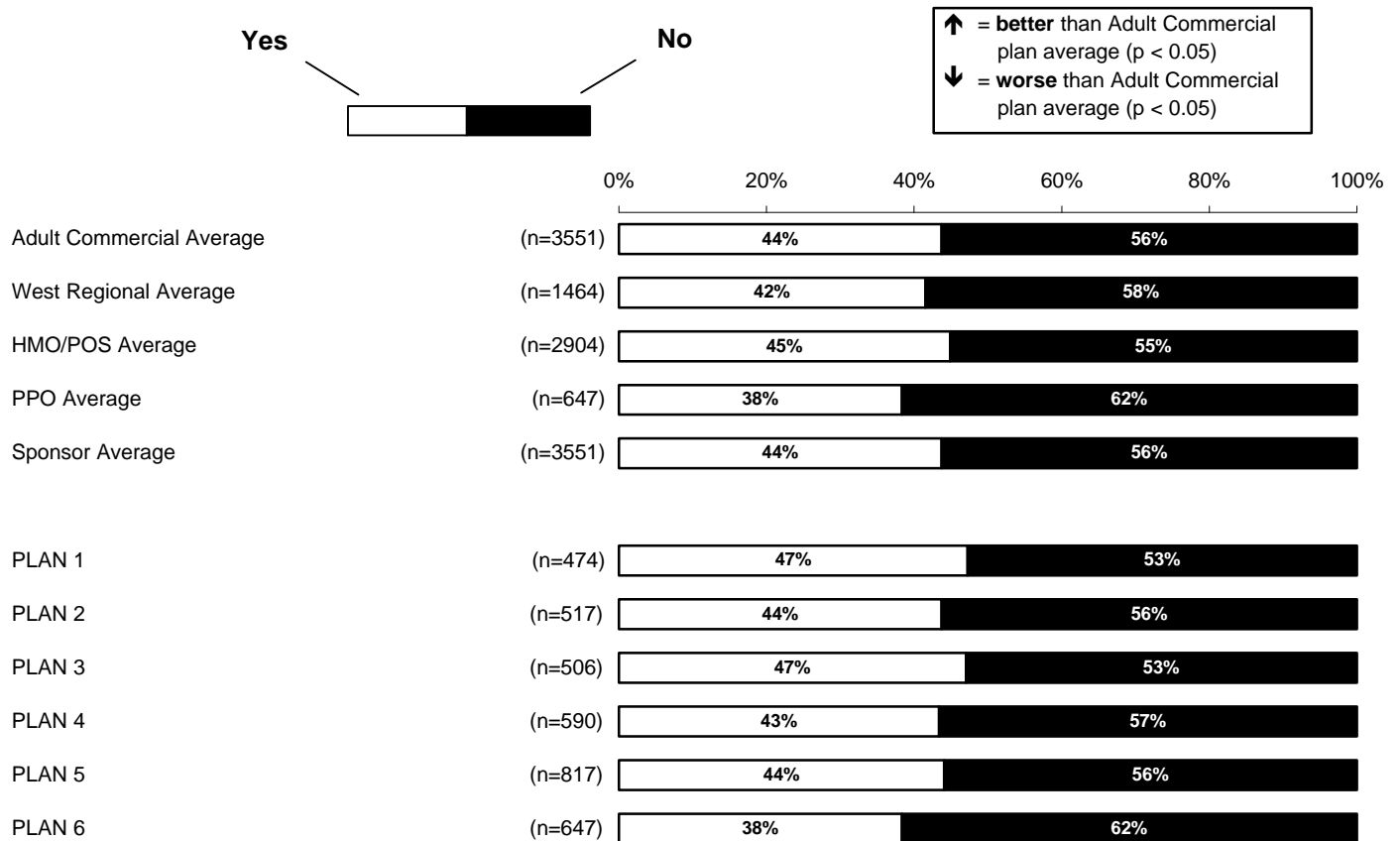
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q37. Of those respondents who sent a claim to their health plan: "In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?"



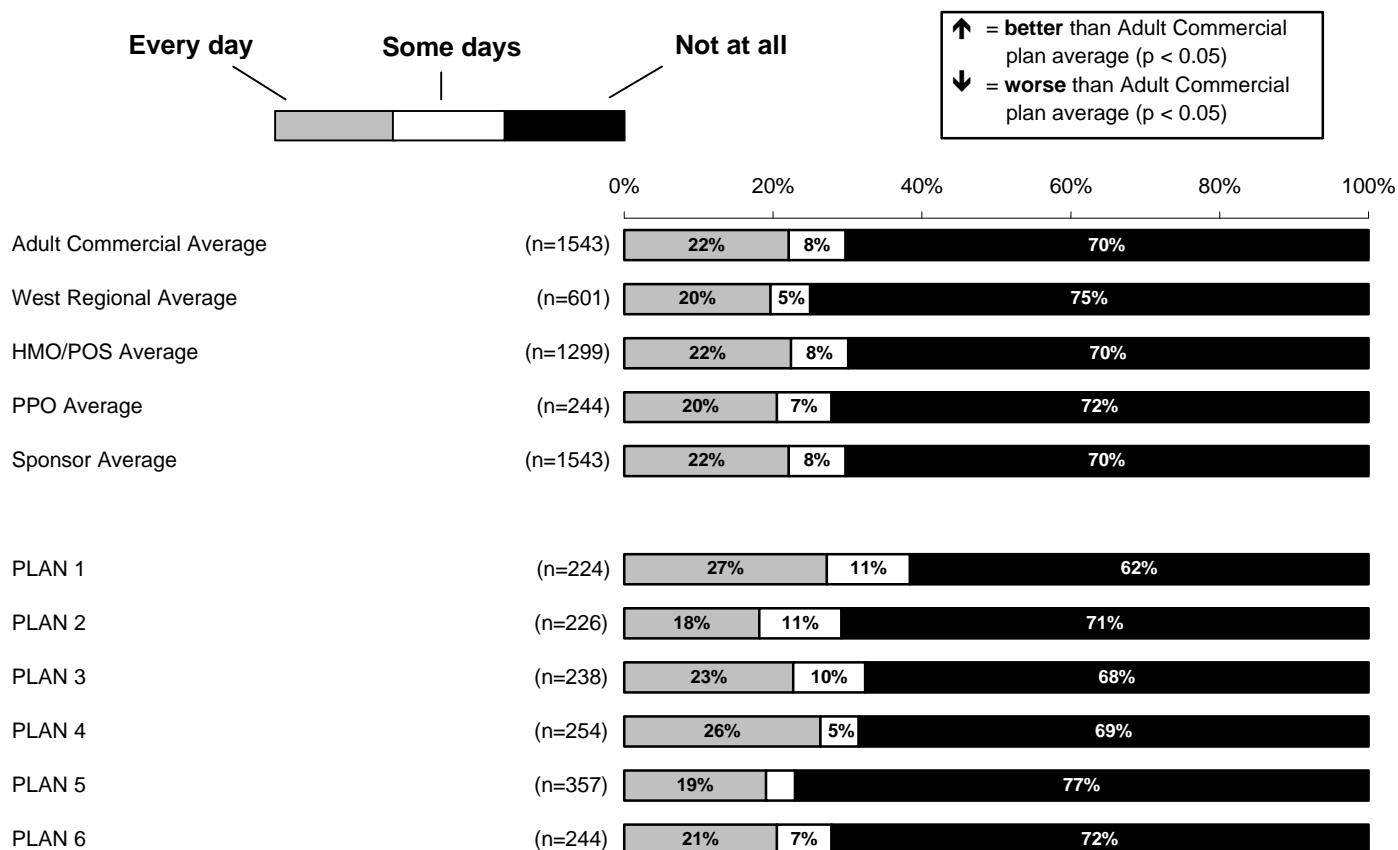
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q49. Have you ever smoked at least 100 cigarettes in your lifetime?



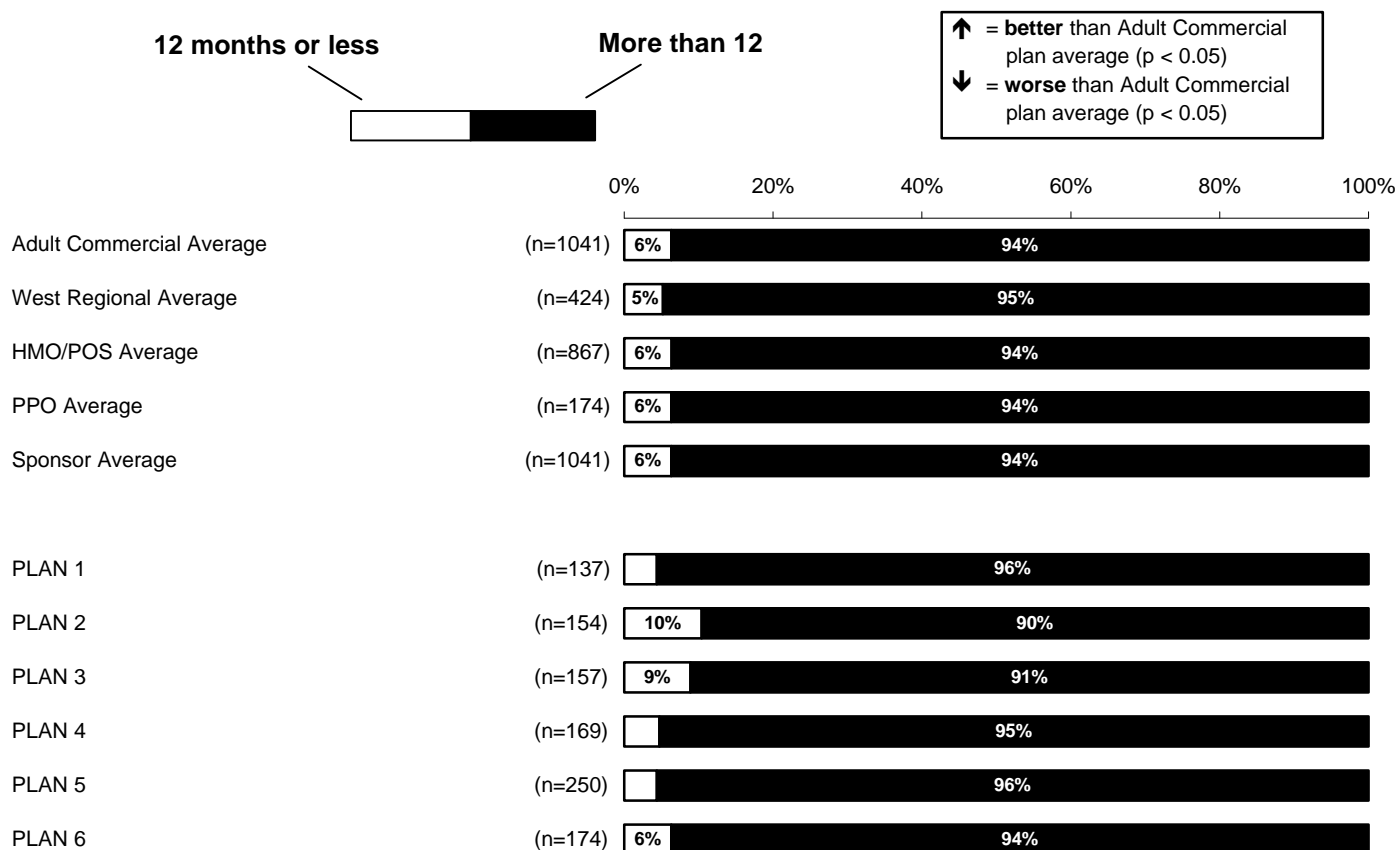
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q50. Of those respondents who have smoked at least 100 cigarettes: "Do you now smoke every day, some days, or not at all?"



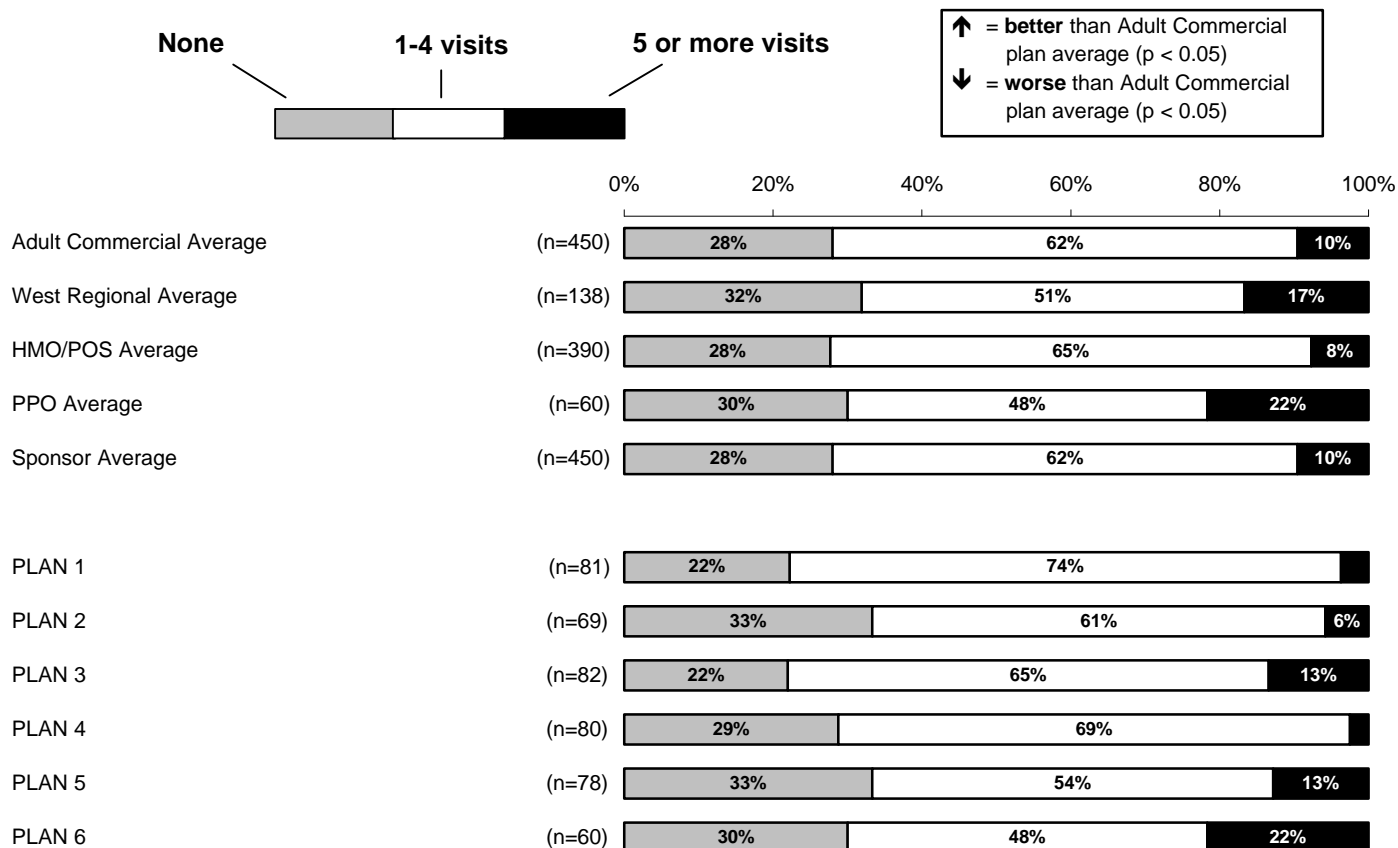
NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q51. Of those respondents who have smoked at least 100 cigarettes and no longer smoke: "How long has it been since you quit smoking cigarettes?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.

Q52. Of those respondents who have smoked at least 100 cigarettes and have not quit smoking: "In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?"



NOTE: The results shown above are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. Please see the methodology section for more information about the scoring and case-mix methodology.